

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

December 1, 2003

PLEASE REVIEW IT CAREFULLY

This notice will tell you how we may use and disclose protected health information about you. Protected health information means any health information about you that identifies you, or for which there is a reasonable basis to believe the information can be used to identify you. In this notice, we call all of the protected health information, "medical information".

This notice also will tell you about your rights and our duties with respect to medical information about you. In addition, it will tell you how to communicate to us if you believe we have violated your privacy rights.

How We May Use And Disclose Medical Information About You

We use and disclose medical information about you for a number of different purposes. Each of those purposes is described below.

For Treatment:

We may use medical information about you to provide, coordinate or manage your health care and related services by both us and other health care providers. We may disclose medical information about you to doctors, nurses, hospitals and other health facilities that become involved in your care. We may consult with other health care providers concerning you and as part of the consultation share your medical information with them.

For example, your physician may conclude you need to receive services from a physician with a particular specialty. When we contact that physician, we will provide that physician and office staff the medical information about you to them so that they have information they need to provide services for you.

For Payment:

We may use and disclose medical information about you so that we can be paid for the services we provide to you. This can include billing you, your insurance company, or a third party payor.

For example, we may need to give your insurance company information about the health services we provide to you so your insurance company will pay us for those services or reimburse you for amounts you have paid. We may also need to provide your insurance company or a government program, such as Medicare, or Medicaid, with information about your health status.

To Conduct Health Care Operations:

We may use and disclose health information for its own operations in order to facilitate the function of the Agency and as necessary to provide quality care to all of the Agency's patients. Health care operations include such activities as quality improvement, cost containment, case management activities, performance evaluation, training of employees and students, accreditation, auditing and business planning.

For Appointment Reminders:

We may use and disclose your health information when we contact you as a reminder that you have an appointment for a home visit.

For Treatment Alternatives:

We may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Where There Are Risks to Public Health:

We may disclose your health information for public activities and purposes in order to prevent or control disease, report disease or death, or report adverse events with products or medication, for example.

Individuals Involved In Your Care:

We may disclose to a family member, other relative, a close personal friend, or any other person identified by you, medical information about you that is directly relevant to that person's involvement with your care or payment related to your care. We also may use or disclose medical information about you to notify, or assist in notifying, those persons of your location, general condition, or death. If there is a family member, other relative, or close personal friend that you do not want us to disclose medical information about you to, please notify the Branch Director at the agency office, in writing.

Disaster Relief Efforts:

We may use or disclose medical information about you to a public or private entity authorized by law or by its charter to assist in disaster relief efforts. This will be done to coordinate with those entities to assist you with your needs or to notify a family member, other relative, close personal friend, or other person identified by you of your location, general condition or death.

Required by Law:

We may use or disclose medical information about you when we are required to do so by law.

Public Health Activities:

We may disclose medical information about you for public health activities and purposes. This includes reporting medical information to a public health authority that is authorized by law to collect or receive the information for purposes of preventing or controlling disease, such as the Board of Health, Center for Disease Control and Prevention (DC), the Food and Drug Administration (FDA) or, an agency that is authorized to receive reports of abuse or neglect.

Victims Of Abuse, Neglect Or Domestic Violence:

We may disclose medical information about you to a government authority authorized by law to receive reports of abuse, neglect, or domestic violence, if we believe you are a victim of abuse, neglect, or domestic violence. This will occur to the extent the disclosure is: (a) required by law; (b) agreed to by you; or (c) authorized by law and we believe the disclosure is necessary to prevent serious harm to you or to other potential victims, or if you are incapacitated and certain other conditions are met, a law enforcement or other public official verifies that immediate enforcement activity depends on the disclosure.

Health Oversight Activities:

We may disclose medical information about you to a health oversight agency for activities authorized by law, including audits, investigation, inspections, licensure, accreditation, or disciplinary actions. These and similar types of activities are necessary for appropriate oversight of the health care system, government benefit programs, and entities subject to various government regulations.

In Connection With Judicial And Administrative Proceedings:

We may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when the Agency makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

For Law Enforcement Purposes:

As permitted or required by State law, we may disclose your health information to a law enforcement official for certain law enforcement purposes.

To Coroners and Medical Examiners:

We may disclose your health information to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law.

To Funeral Directors:

We may disclose your health information to funeral directors consistent with applicable law and, if necessary, to carry out their duties with respect to your funeral arrangements.

For Organ, Eye or Tissue Donation:

When directed, we may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs, eyes or tissue for the purpose of facilitating the donation and transplantation.

For Research Purposes:

We may under very select circumstances, use your health information for research. Before we disclose any of your health information for such research purposes, the project will be subject to an extensive approval process.

To Avert Serious Threat To Health Or Safety:

We may use or disclose medical information about you if we believe the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public. We may also release information about you if we believe the disclosure is necessary for law enforcement authorities to identify or apprehend an individual who admitted participation in a violent crime or who is an escapee from a correctional institution or from lawful custody.

Military:

We may use and disclose medical information about you to components of the Department of Veterans Affairs that determine eligibility or entitlement to benefits or that provide benefits.

Workers Compensation:

We may disclose medical information about you to the extent necessary to comply with workers' compensation and similar laws that provide benefits for work-related injuries or illness without regard to fault.

Lenders and Financial Auditors:

We may disclose medical information about you to the extent necessary to conduct business in regard to securing lines of credit and engaging external auditors to verify the accuracy of our financial records.

Other Uses and Disclosures:

Other uses and disclosures will be made only with your written authorization. You may revoke such an authorization at any time by notifying the Branch Director of your local agency office in writing of your desire to revoke it. However, if you revoke such an authorization, it will not have any affect on actions taken by us prior to your revocation.

For Specified Government Functions:

In certain circumstances, the Federal regulations authorize us to use or disclose your health information to facilitate specified government functions related to military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody.

Your Rights With Respect to Medical Information About You

You have the following rights with respect to medical information that we maintain about you.

Right to Request Restrictions:

You have the right to request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on the Agency's disclosure of your health information to someone who is involved in your care or the payment of your care. However, we are not required to agree to your request. If we deny your request, we will inform you of the basis for the denial, how you may have our denial reviewed, and how you may complain. If you request a review of your denial, it will be conducted by a licensed health care professional designed by us who was not directly involved in the denial. We will comply with the outcome of that review. If you wish to make a request for restrictions, please contact administrator/manager of the Agency. You may send your written request through the professional that admitted you to the Agency or you may mail the request.

Right to Receive Confidential Communications:

You have the right to request that we communicate with you in a certain way. For example, you may ask that we only conduct communications pertaining to your health information with you privately with no other family members present. If you wish to receive confidential communications, please contact, in writing the administrator/manager of the Agency. We will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications. You may send your written request through the professional that admitted you to us or you may mail the request.

Right to Inspect and Copy Your Health Information:

You have the right to inspect and copy your health information, including filing records. A request to inspect and copy records containing your health information may be made to the administrator/manager of the Agency. This must be a written request. If you request a copy of your health information, we may charge reasonable fee for copying and assembling costs associated with your request. Under federal law, however, you may not inspect or copy the following records: information compiled in reasonable anticipation of, or for use in, a civil criminal, or administrative action or proceeding; and protected health information that is subject to a law that prohibits access to protected health information.

Right to An Accounting:

You or your representative have the right to request an accounting of disclosures of your health information made by us for certain non-routine reasons related to public purposes or authorized by law. The request for an accounting must be made in writing to the administrator or branch manager. The request should specify the time period for the accounting starting on our after April 14, 2003. Accounting requests may not be made for periods of time in excess of six (6) years. Accounting requests may be subject to a reasonable cost-based fee.

Right to Amend:

You have the right to ask us to amend medical information about you. You have the right for so long as we maintain information.

We are not required to agree to any amendments

To request an amendment, you must submit your request in writing to the Branch Director at your local agency office. Your request must state the amendment desired and provide a reason in support of that amendment.

We will act on your request within sixty (60) calendar days after we receive your request. If we grant your request, in whole or in part, we will inform you of our acceptance of your request and provide access and copying.

If we grant the request, in whole or in part, we will seek your identification of and agree to share the amendment with relevant other persons. We also will make the appropriate amendment to the medical information by appending or otherwise providing a link to the amendment.

We may deny your request to amend medical information about you. We may deny your request if it is not in writing and does not provide a reason in support of the amendment. In addition, we may deny your request to amend medical information if we determine that the information:

- a. Was not created by us, unless the person or entity that created the information is no longer available to act on the requested amendment;
- b. Is not part of the medical information maintained by us;
- c. Would not be available for you to inspect or copy; or,
- d. Is accurate and complete.

If we deny your request, we will inform you of the basis of the denial. You will have the right to submit a statement of disagreeing with your denial. Your statement may not exceed two (2) pages. We may prepare a rebuttal to that statement. Your request for amendment, our denial of the request, your statement of disagreement, if any, and our rebuttal, if any, will then be appended to the medical information involved or otherwise linked to it. All of that will then be included with any subsequent disclosure of the information, at our election, or we may include a summary of any of that information.

If you do not submit a statement of disagreement, you may ask that we include your request for amendment and our denial with any future disclosures of the information. We will include your request for amendment and our denial (or a summary of that information) with any subsequent disclosure of the medical information involved.

Our Right to Change Notice of Privacy Practices:

We reserve the right to change this Notice of Privacy Practices. We reserve the right to make the new notice's provisions effective for all medical information that we maintain, including what's created or received by us prior to the effective date of the new notice.

Availability of Notice of Privacy Practices:

A copy of our current Notice of Privacy Practices will be posted in our company offices. A copy of the current notice also will be posted on our website, www.athomequalitycare.org. In addition, each time you are admitted to our organization for services, a copy of the current notice will be made available to you.

At any time, you may obtain a copy of the current Notice of Privacy Practices by contacting the Branch Director at the local agency office.

Effective Date of Notice:

The effective date of notice will be stated on the first page of the notice.

Concerns:

You may communicate your concerns to us and to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated by us.

To file a concern with us, contact the Branch Director at the local agency office, the address and telephone number is given to you at the time of admission to home health services or to the company Privacy Officer at **919-846-1018**.

To file a concern with the United States Secretary of Health and Human Services, send your concerns to him or her in care of:

Office for Civil Rights, U.S. Department of Health & Human Services
200 Independence Avenue SW
Washington, DC 20201

You will not be retaliated against for filing a concern with the company or the Secretary.

Questions and Information:

If you have any questions or want more information concerning this Notice of Privacy Practices, please contact the Branch Director at the local agency office at the address or telephone number that had been given to you during admission to the home health services.

FORM 117