

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.

Home Recovery—HomeAid, Inc., [“Agency”] is required by law to maintain the privacy of protected health information and to provide you adequate notice of your rights and our legal duties and privacy practices with respect to the uses and disclosures of protected health information. [45 CFR § 164.520] We will use or disclose protected health information in a manner that is consistent with this notice.

The Agency maintains a record (paper/electronic file) of the information we receive and collect about you and of the care we provide to you. This record includes physicians’ orders, assessments, medication lists, clinical progress notes, and billing information.

As required by law, the Agency maintains policies and procedures about our work practices, including how we provide and coordinate care provided to our patients. These policies and procedures include how we create, maintain, and protect medical records; access to medical records and information about our patients; how we maintain the confidentiality of all information related to our patients; security of the building and electronic files; and how we educate staff on privacy of patient information.

USE AND DISCLOSURE OF HEALTH INFORMATION

The Agency may use your health information, information that constitutes protected health information as defined in the Privacy Rule of the Administration Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), for purposes of providing you treatment, obtaining payment for your care, and conducting health care operations. The Agency has established policies to guard against unnecessary disclosure of your health information.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED:

To Provide Treatment. The Agency may use your health information to coordinate care within the Agency and with others involved in your care, such as your attending physician and other health care professionals who have agreed to assist the Agency in coordinating your care. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. The Agency also may disclose your health care information to individuals outside of the Agency involved in your care including family members, pharmacists, suppliers of medical equipment, or other health care professionals.

To Obtain Payment. The Agency may include your health information in invoices to collect payment from third parties for the care you receive from the Agency. For example, the Agency may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or the Agency. The Agency also may need to obtain prior approval from your insurer and may need to explain to the insurer your need for home care and the services that will be provided to you.

To Conduct Health Care Operations. The Agency 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 includes such activities as:

- Quality assessment and improvement activities.
- Activities designed to improve health or reduce health care costs.
- Protocol development case management and care coordination.

- Contacting health care providers and patients with information about treatment alternatives and other related functions that do not include treatment.
- Professional review and performance evaluation.
- Training programs including those in which students, trainees, or practitioners in health care learn under supervision.
- Training of non-health care professionals.
- Accreditation, certification, licensing, or credentialing activities.
- Review and auditing, including compliance review, medical reviews, legal services, and compliance programs.
- Business planning and development, including cost management and planning related analyses and formulary development.
- Business management and general administrative activities of the Agency.

The following uses and disclosures do not require your consent and include, but are not limited to, a release of information contained in financial records and/or medical records, including information concerning communicable diseases such as Human Immune Deficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS), drug/alcohol abuse, psychiatric diagnosis and treatment records and/or laboratory test results, medical history, treatment progress, and/or any other related information to:

- Your insurance company, self-funded or third-party health plan, Medicare, Medicaid, or any other person or entity that may be responsible for paying or processing for payment any portion of your bill for services.
- Any person or entity affiliated with or representing the Agency for purposes of administration, billing, and quality and risk management.
- Any hospital, nursing home, or other health care facility to which you may be admitted.
- Any assisted living or personal care facility of which you are a resident.
- Any physician providing care to you.
- Licensing and accrediting bodies, including the information contained in the OASIS Data Set to the state agency acting as a representative of the Medicare/Medicaid program.
- Contact you to provide appointment reminders or information about other health activities we provide.
- Contact you to raise funds for the Agency.
- Other health care providers to initiate treatment.

For Appointment Reminders. The Agency may use and disclose your health information to contact you as a reminder that you have an appointment for a home visit.

For Treatment Alternatives. The Agency 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.

When Legally Required. The Agency will disclose your health information when it is required to do so by any Federal, State, or local law.

When There Are Risks To Public Health. The Agency may disclose your health information for public activities and purposes in order to:

- Prevent or control disease, injury, or disability; report disease, injury, vital events such as birth or death; and conduct public health surveillance, investigations, and interventions.
- Report adverse events and product defects; track products or enable product recalls, repairs, and replacements; and conduct post-marketing surveillance and compliance with requirements of the Food and Drug Administration.
- Notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.
- Notify an employer about an individual who is a member of the workforce as legally required.

To Report Abuse, Neglect, Or Domestic Violence. The Agency is allowed to notify government authorities if the Agency believes a patient is the victim of abuse, neglect, or domestic violence. The Agency will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

To Conduct Health Oversight Activities. The Agency may disclose your health information to a health oversight agency for activities including audits; civil administration or criminal investigations; and inspections, licensure, or disciplinary action. The Agency, however, may not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

In Connection With Judicial And Administrative Proceedings. The Agency 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, the Agency may disclose your health information to a law enforcement official for certain law enforcement purposes as follows:

- As required by law for reporting of certain types of wounds or other physical injuries pursuant to the court order, warrant, subpoena or summons, or similar process.
- For the purpose of identifying or locating a suspect, fugitive, material witness, or missing person.
- Under certain limited circumstances, when you are the victim of a crime.
- To a law enforcement official if the Agency has a suspicion that your death was the result of criminal conduct including criminal conduct at the Agency.
- In an emergency in order to report a crime.

To Coroners And Medical Examiners. The Agency 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. The Agency 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. If necessary to carry out their duties, the Agency may disclose your health information prior to and in reasonable anticipation of your death.

For Organ, Eye, Or Tissue Donation. The Agency 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 tissues for the purpose of facilitating the donation and transplantation.

For Research Purpose. The Agency may, under very select circumstances, use your health information for research. Before the Agency discloses any of your health information for such research purposes, the project will be subject to an extensive approval process.

In The Event Of A Serious Threat To Health Or Safety. The Agency may, consistent with applicable law and ethical standards of conduct, disclose your health information if the Agency, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

For Specified Government Functions. In certain circumstances, the Federal regulations authorize the Agency to use or disclose your health information to facilitate specified government functions relating 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.

For Worker's Compensation. The Agency may release your health information for worker's compensation or similar programs.

The Agency is permitted to use or disclose information about you without consent or authorization provided you are informed in advance and given the opportunity to agree to or prohibit or restrict the disclosure in the following circumstances:

- Use of a directory (includes name, location, condition described in general terms) of individuals served by the Agency.
- To a family member, relative, friend, or other identified person, the information relevant to such person's involvement in your care or payment for care; to notify family member, relative, friend, or other identified person of the individual's location, general condition, or death.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other uses and disclosures will be made only with your written authorization. That authorization may be revoked, in writing, at any time, except in limited situations.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that the Agency maintains:

Right To Request Restrictions. You may 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, the Agency is not required to agree to your request. If you wish to make a request for restrictions, please contact the *Privacy Coordinator* as listed at the end of this notice.

Right To Receive Confidential Communications. You have the right to request that the Agency communicate with you in a certain way. For example, you may ask that the Agency 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 the *Privacy Coordinator* as listed at the end of this notice. The Agency will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.

Right To Inspect And Copy Your Health Information. You have the right to inspect and copy your health information, including billing records. A request to inspect and copy records containing your health information may be made to the *Privacy Coordinator* as listed at the end of this notice. If you request a copy of your health information, the Agency may charge a reasonable fee for copying and assembling costs associated with your request.

Right To Amend Healthcare Information. You, or your representative, have the right to request that the Agency amend your records, if you believe that your health information is incorrect or incomplete. That request may be made as long as the information is maintained by the Agency. A request for an amendment of records must be made **in writing** to the *Privacy Coordinator* as listed at the end of this notice. The Agency may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your health information records were not created by the Agency, if the records you are requesting are not part of the Agency's records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy, or if, in the opinion of the Agency, the records containing your health information are accurate and complete.

Right To An Accounting. You, or your representative, have the right to request an accounting of disclosures of your health information made by the Agency for certain reasons, including reasons related to public purposes authorized by law and certain research. The request for an accounting must be made **in writing** to the ***Privacy Coordinator*** as listed at the end of this notice. The request should specify the time period for the accounting starting on or after April 15, 2003. Accounting requests may not be made for periods of time in excess of six (6) years. The Agency would provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee. The Agency is not required to provide you with an accounting of certain types of disclosures, including:

- Any disclosures made prior to April 14, 2003.
- Disclosures for treatment, payment, or health care operations activities.
- Disclosures to you or pursuant to your authorization.
- Disclosures to persons involved in your care.
- Disclosures for disaster relief, national security, or intelligence purposes.
- Disclosures that are incidental to a permitted use or disclosure.

Right To A Paper Copy Of This Notice. You or your representative have a right to a separate paper copy of this Notice at any time even if you or your representative have received this Notice previously. To obtain a separate paper copy, please contact the ***Privacy Coordinator*** as listed at the end of this notice.

DUTIES OF THE AGENCY

The Agency is required by law to maintain the privacy of your health information and to provide to you or your representative this Notice of its duties and privacy practices. The Agency is required to abide by the terms of this Notice as may be amended from time to time. The Agency reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all health information that it maintains. This includes information that we created or received before we made the changes as well as any information received in the future. Upon request to the ***Privacy Coordinator***, the Agency will provide a copy of the revised Notice to you or your appointed representative. You, or your personal representative, have the right to express complaints to the Agency and to the Secretary of DHHS if you, or your representative, believe that your privacy rights have been violated. Any complaints to the Agency should be made in writing to the ***Administrator*** at ***Home Recovery--HomeAid, Inc., 816 East Third Street, Farmville, VA 23901***. The Agency encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

CONTACT PERSON

The Agency has designated the ***Privacy Coordinator*** as its contact person for all issues regarding patient privacy and your rights under the Federal privacy standards. You may contact this person by phone or in writing as listed at the end of this notice.

EFFECTIVE DATE

This Notice is effective April 14, 2003.

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT *the Privacy Coordinator by mail at Home Recovery--HomeAid, Inc., Attention Privacy Coordinator, 816 East Third Street, Farmville, VA 23901, or by telephone at (434) 392-6650 or 1-800-468-7787.*