

Accommodating Home Care Service, Inc.

NOTICE OF PRIVACY PRACTICES

Effective: September 15, 2003

**THIS NOTICE DESCRIBES HOW PERSONAL AND MEDICAL
INFORMATION
ABOUT YOU MAY BE USED AND DISCLOSED
AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.**

Protected health information means any medical information regarding your care and any personal information that identifies you. Individually identifiable information may include name, address, telephone number, or social security number.

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 complain to us if you believe we have violated your privacy rights.

How We May Use and Disclose Personal and Medical Information About You.

We use and disclose medical information about you for a number of different purposes. This information may be in electronic, written, and/or oral forms used within the company. These privacy policies will apply to all records that are created regarding your care and the services you receive from us.

If there are any revisions to our privacy practices due to new laws and/or regulations, we will provide you with a new revision if you request one in writing. Each of those purposes is described below.

- **For Treatment.**

We may use personal and medical information about you to provide, coordinate or manage your health care and related services by both other health care providers and us. We may disclose personal and medical information about you to doctors, nurses, hospitals and other health facilities that become involved in your care. For example, we may conclude you need to receive services from a physician with a particular specialty. When we refer you to that physician, we

also will contact that physician's office and provide medical information about you to them so they have information they need to provide services for you.

- **For Payment.**

We may use and disclose personal and medical information about you so we can receive payment for the services we provide to you. We also may need to provide your insurance company or a government program, such as Medicaid, with information about your medical condition and the health care you need to receive in order to receive payment for services we have rendered.

- **For Health Care Operations.**

We may use and disclose personal and medical information about you for our own health care operations. These are necessary for us to operate Accommodating Home Care Service, Inc. and to maintain quality health care for our patients. For example, we may use medical information about you to review the services we provide and the performance of our employees in caring for you. We may disclose medical information about you to train our staff, and develop programs to meet your needs and educational requirements of our employees.

- **Health Related Benefits and Services.**

We may use and disclose personal and medical information about you to contact you about health-related benefits and services that may be of interest to you.

- **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, personal and 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.

- **Disaster Relief/Public Health, Safety.**

We may use or disclose personal and medical information about you to a public or private entity authorized by law or its charter to assist in disaster relief efforts. Accommodating Home Care Service, Inc. may disclose personal and medical information to the extent necessary to avert a serious or imminent threat to your health or safety or the health and safety of others. We may disclose your personal and medical information to the appropriate authorities if we reasonably believe you are a victim of abuse, neglect, or domestic violence.

- **Health Oversight Activities.**

We may disclose personal and medical information about you to a health oversight agency for activities authorized by law, including audits, investigations, inspections, licensure 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.

- **Judicial and Administrative Proceedings/Law Enforcement.**

We may disclose personal and medical information about you in the course of any judicial or administrative proceeding in response to an order of the court or administrative tribunal. We also may disclose personal and medical information about you in response to a subpoena, discovery request, or other legal process. We may disclose medical information about you to a law enforcement official if asked to do so.

- **Coroners, Medical Examiners/Funeral Directors.**

We may disclose personal and medical information about you to a coroner or medical examiner for purposes such as identifying a deceased person and determining cause of death.

- **Organ Donation.**

To facilitate organ or tissue donation and transplantation, we may disclose personal and medical information about you to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs or tissues.

- **Research.**

Under certain circumstances, we may use or disclose medical information about you for research. Before we disclose medical information for research, the research will have been approved through an approval process and we will ask your permission if a researcher is to have access to your name, address, or any information that identifies you.

- **Military/National Security.**

If you are a member of the Armed Forces, we may use and disclose personal and medical information about you for activities deemed necessary by the appropriate military command authorities to assure the proper execution of the military mission. We may disclose personal and medical information about you to authorized federal officials for the conduct of intelligence, and other national security activities authorized by law.

- **Required by law.**

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

- **Your Rights with Respect to Personal and 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 that we restrict the uses or disclosures of personal and medical information about you to carry out treatment, payment, or health care operations. You also have the right to request that we restrict the uses or disclosures of your personal and medical information to someone involved in your care.

Any restriction request should be made in writing to the person listed at the end of this notice and specify what information you wish to limit and to whom it applies. If we agree to a restriction either you or Accommodating Home Care Service, Inc. can later terminate the restriction. *We are not required to agree to any requested restriction.*

- **Right to Receive Confidential Communications.**

You have the right to request that we communicate medical information about you to you in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. We will not require you to tell us why you are asking for the confidential communication. To request confidential communications you must make your request in writing to the Privacy Officer and specify how or where you wish to be contacted.

- **Right to Inspect and Copy.**

With a few very limited exceptions, such as psychotherapy notes, you have the right to inspect and obtain a copy of personal and medical information about you. Reasonable copying and mailing charges may apply.

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 our denial, it will be conducted by a licensed health care professional designated by us who was not directly involved in the denial. We will comply with the outcome of that review. All requests to inspect or copy your personal and medical information should be made in writing to the contact person listed at the end of this notice.

- **Right to Amend.**

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

To request an amendment, you must submit your request in writing to the contact person listed at the end of this notice. Your request must state the amendment desired and provide a reason in support of that 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, you will have the right to submit a statement of disagreeing with our denial or ask that we include your request for amendment and our denial in your record.

- **Right to an Accounting of Disclosures.**

You have the right to receive an accounting of disclosures of personal and medical information about you made by Accommodating Home Care Service, Inc. You may be provided with a list of disclosures other than treatment payment and health care operations. The accounting may be for up to six (6) years prior to the date on which you request the accounting but not before September 15, 2003.

To request an accounting of disclosures, you must submit your request in writing to the contact person at the end of this notice. Your request must state a time period for the disclosures. It may not be longer than six (6) years from the date we receive your request and may not include dates before September 15, 2003.

There is no charge for the first accounting we provide to you in any twelve (12) month period. For additional accountings, we may charge you a reasonable cost base fee.

- **Right to Copy of this Notice.**

You have the right to obtain a paper copy of this Notice or any revised Notice by contacting the Privacy Officer at 252-635-9005. You may obtain a copy of this Notice from Accommodating Home Care website www.accommodatinghomecare.com

- **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 that created or received by us prior to the effective date of the new notice.

Questions and Complaints

- **Generally.**

We are required by law to maintain the privacy of medical information about you and to provide individuals with notice of our legal duties and privacy practices with respect to personal and medical information. If you have any questions or would like more information please contact Accommodating Home Care Service, Inc. Privacy Officer at 252-635-9005

Accommodating Home Care Service, Inc. supports your right to protect the privacy of personal and medical information. You will not be penalized or retaliated against for filing a complaint. The complaint may be filed with us or the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing

Investigation of Breaches of Privacy

We will investigate any discovered unauthorized use or disclosure of your protected health information to determine if it constitutes a breach of the federal privacy or security regulations governing unsecured protected health information. If we determine that such a breach has occurred we will provide you with notice of the breach and advise you about what we intend to do to mitigate the damage(if any) caused by the breach and about the steps you should take to protect yourself from potential harm resulting from the breach.

Acknowledgement of Receipt of Notice of Privacy Practices

Accommodating Home Care Service, Inc.

This is to acknowledge my receipt of Accommodating Home Care Service, Inc.
Notice of Privacy Practices effective on the date stated below.

Signature of Accommodating Home
Care Service, Inc.

Date of Accommodating Home Care
Service, Inc. Representative's
Signature

Signature of Patient or Personal
Representative

Date of Patient's or Personal
Representative's Signature

Patient's Name

Patient's Address

Name of Personal Representative
(If applicable)

Description of Representative's
Authority to
Act for the Patient