

Patient Notice of Privacy Practices

On the following pages, you will find the Patient Notice of Privacy Practices and the Patient Bill of Rights for your reference. These documents are presented to the patient and/or their representative at admission.

Notice of Privacy Practices

Heal at Home's Privacy Practices are reviewed with patients verbally and a written copy is provided upon admission. They are also told how to report any violations. Please take a moment to read what they are told below:

This Notice of Privacy Practices for Heal at Home describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

If you have any questions about this Notice, please contact our Privacy Officer who is: Administrator, Heal at Home, 1335 Sadlier Circle E Dr, Indianapolis, IN or call (317) 429-9875.

Who Will Follow This Notice

The Notice of Privacy Practices describes information about privacy practices followed by the employees, staff, directors and other members of the workforce employed by Heal at Home.

Each of the health care providers listed above must comply with the terms of this Notice of Privacy Practices for all services provided to you by Heal at Home. These facilities will share your medical information with each other in order to efficiently provide hospital services to you, including services related to your treatment, payment for services provided to you and health care operations of the hospitals. These services are described in more detail on the following pages.

What Locations Are Covered

This Notice of Privacy Practices applies to all services provided to you by Heal at Home.

Your Protected Health Information

We are legally required to protect the privacy of your medical information and provide you with this Notice. This Notice of Privacy Practices describes how we may use and disclose your medical information to provide health care services to you. It also describes your rights to access and control your medical information. Your medical information includes your medical records, billing records and any other information we have or receive that may identify you and relates to your physical or mental health condition or health care services provided to you.

How We May Use and Disclose Your Protected Health Information

We use and disclose medical information for many different reasons. For some of these uses or disclosures, we need your specific authorization. Below, we describe the different categories of our uses and disclosures and give you some examples of each category.

We may use and disclose your medical information for treatment, payment and health care operations without your prior authorization:

- **For treatment.** We may use and disclose your medical information in order to provide medical treatment to you. For example, we may provide your medical information to your doctors or their nurses and staff in order to assist with your treatment once you leave the hospital. We may also provide information to pharmacies or other health care providers as needed for your treatment.
- **To obtain payment for treatment.** We may use and disclose your medical information in order to bill and collect payment for the treatment and services provided to you. For example, we give portions of your medical information to our billing department and your health plan to get paid for the health care services we provided to you. We may also provide your medical information to billing companies, claims processing companies and others that process our health care claims.
- **For health care operations.** We may disclose your medical information in order to operate our agency. For example, we may use your medical information in order to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided health care services to you. We may also send portions of your medical information to our accountants, attorneys, consultants and others in order to comply with legal or other matters that affect us. Your medical information may also be used for health care operations such as quality assessment activities, employee review activities, training of staff, and conducting or arranging for other business activities.
- **Appointment reminders/treatment alternatives/health-related benefits and services.** We may use and disclose Health Information to contact you to remind you that you have an appointment for treatment or medical care, or to contact you to talk you about possible treatment options or alternatives or health related benefits and services that may be of interest to you

We may also use and disclose your medical information without your authorization for the following reasons:

- **Required by law.** We may disclose your medical information when we are required by federal, state or local law, judicial or

administrative proceedings or law enforcement. For example, we make disclosures when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect or domestic violence; when dealing with gunshot and other specific types of wounds; or when ordered in a legal proceeding.

- **Public health activities.** We may disclose your medical information for public health reasons. For example, we report information about births, deaths and various diseases to government officials in charge of collecting that information, and we provide coroners, medical examiners and funeral directors necessary information relating to an individual's death.
- **Health oversight activities.** We will provide medical information to assist health oversight agencies for audits, investigations, inspections or licensing purposes.
- **Organ donation.** We may disclose medical information to assist organ procurement organizations with organ, eye or tissue donation and transplants.
- **Research.** In limited circumstances, we may provide medical information for research projects which are subject to a special approval process. We will ask for your written authorization if the researcher will have access to your name, address or other information that reveals who you are.
- **To avoid a serious threat to health or safety.** In order to avoid a serious threat to the health or safety of a person or the public, we may provide medical information to law enforcement personnel or persons able to prevent or lessen such harm.
- **Certain government functions.** We may disclose medical information of military personnel and veterans in certain situations. We may provide medical information about a patient's condition to the American Red Cross for the Red Cross to provide emergency communication services for members of the U.S. military, such as notification of family illness or death. We may also disclose medical information for national security purposes, such as protecting the President of the United States or assisting with intelligence operations.
- **Workers' Compensation.** We may provide medical information in order to comply with workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Appointment reminders and alternative treatment or benefits.** We may also use your medical information to send you appointment reminders or to provide you with information about alternative treatments which may be available to you or other health-related benefits and services that may be of interest to you.
- **To business associates.** We will share your medical information with other businesses that help us provide our services. For example, we may provide your medical information to a business that transcribes medical information for us. Whenever an arrangement between our health care organization and a business associate involves the use or disclosure of your medical information, we will have a written agreement that contains terms that will protect the privacy of your medical information.

You have the right to object to the following disclosures:

- **Disclosures to family, friends or others.** We will only provide your medical information to a family member, friend or other person that you indicate is involved in your care or the payment for your health care with your consent.

All other uses and disclosures require your prior written authorization. In any other situation not described above, we will ask for your written authorization before using or disclosing any of your medical information. If you choose to sign an authorization to disclose your medical information, you can revoke that authorization in writing to stop any future uses and disclosures to the extent that we have not already taken action relying on the authorization. This written decision to revoke that authorization will be filed and implemented immediately.

What Rights You Have Regarding Your Medical Information

You or your legal representative have the following rights with respect to your medical information:

- **The right to request limits on uses and disclosures of your medical information.** You have the right to ask that we limit how we use and disclose your medical information. We will consider your request but we are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations where the information is needed. You may not limit the uses and disclosures that we are legally required to make.
- **The right to choose how we send medical information to you.** You have the right to ask that we send information to you at an alternate address (for example, sending information to your work address rather than your home address) or by alternate means. We must agree to your request so long as we can easily provide it in the format you requested.
- **The right to see and get copies of your medical information.** In most cases, you have the right to look at or get copies of your medical information that we have, but you must make the request in writing. If we don't have your medical information, but we know who does, we will tell you how to get it. We will respond to you within 30 days after receiving your written request to the address at the beginning of this notice. In certain situations, we may deny your request. If we do, we will tell you, in writing, our

reasons for the denial and explain your right to have the denial reviewed, if you request copies of your medical information, we will charge you a reasonable fee as permitted by Indiana law. Instead of providing the medical information you requested, we may provide you with a summary or explanation of the medical information as long as you agree in advance to pay the reasonable cost of preparing the summary or explanation.

- **The right to get a list of certain disclosures we have made.** You have the right to request a list of instances in which we have disclosed your medical information. The list will not include uses or disclosures made for treatment, payment and health care operations. The list will also not include information given to your family, printed in our facility directory, released for national security purposes or given to correctional institutions. It will also not include disclosures made directly to you or when you have given us a written authorization for the release of medical information. To obtain this list, you must make a request in writing to the Privacy Officer identified on the first page of this Notice. The list we will give you will include disclosures made by Comfort Keepers Home Health Care. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you a reasonable fee for each additional request.
- **The right to correct or update your medical information.** If you believe that there is a mistake in your medical information or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing to the Privacy Officer identified on the first page of this Notice. We may deny your request in writing if the medical information is:
 - correct and complete;
 - not created by us;
 - not allowed to be disclosed; or
 - not part of our records.Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you do not file a statement of disagreement, you have the right to ask that your request and our denial be attached to all future disclosures of your medical information. If we approve your request, we will make the change to your medical information, tell you that we have done it, and tell others that need to know about the change to your medical information.
- **The right to get this Notice by e-mail.** You have the right to get a copy of the Notice by e-mail. Even if you have agreed to receive the Notice via e-mail, you also have the right to request a paper copy of this Notice.

What to Do If You Believe Your Privacy Rights Have Been Violated

If you think that we may have violated your privacy rights, or you disagree with a decision we made about your medical information, you may file a complaint with the Administrator at the address shown on the first page of this Notice.

You also may send a written complaint to the Secretary of the Department of Health and Human Services. There will not be any retaliation against you for filing a complaint.

Secretary of Health and Human Services
US Department of Health and Human Services
200 Independence Ave, SW
Washington DC 20201

Changes to This Notice

We may change the terms of this Notice at any time. The new Notice provisions will be effective for all protected health information we maintain. If we revise this Notice, a copy of the new Notice will be posted and made available. You may also request a copy from the Privacy Officer.