

Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed and how you can get access to this information. It also includes our legal obligations concerning your protected health information. Please review it carefully.

This Notice serves as a notice for Accord Hospice and Home Health and Accord Medical Equipment (collectively referred to as Accord in this Notice), which are different divisions of the same company. If you have questions about this Notice or you would like help understanding any part of your rights or our obligations to protect your health information, please contact the Medical Records Manager, or the Privacy Officer for Accord at 1-800-111-1111.

This notice describes Accord practices and that of:

- Any health care professional (doctors, nurses, social workers, etc.) authorized to enter information into your Accord record. All employees, staff and other Accord personnel.
- Any member of a volunteer group we allow to help you while you are in the care of Accord.
- Any contracted health care professional that assists in your care on behalf of Accord.

OUR COMMITMENT REGARDING HEALTH INFORMATION

We understand that health information about you is personal. We are committed to protecting health information about you. We create a record of the care and services you receive while under our care. We need this record to provide you with quality care and to comply with certain legal requirements. Protected Health Information includes your name, address, phone number; it also includes information about your health such as tests, diagnosis, assessments, prognosis, treatments planned or received, medications and insurance/financial information. This Notice applies to all of the records of your care generated by Accord, whether made by our personnel, records provided us by your doctor(s), or by staff contracted by us to assist with your care.

Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your health information created in the doctor's office or clinic. If you are in a facility not operated by us, such as a hospital or nursing home, the facility may also have different policies or notices regarding the use and disclosure of your health information created while you receive care from that facility. We are required by law to:

- make sure that health information that identifies you is kept private;
- give you this Notice of our legal duties and privacy practices with respect to health information about you; and
- follow the terms of the Notice that is currently in effect (see the Effective Date on the first page of this Notice).

This Notice covers:

(1) Uses or disclosures that do not require your written authorization

- Treatment, payment, and health care operations
- Uses or disclosures of your health information to which you may object
- Uses or disclosures required or permitted

(2) Uses or disclosures that require your written authorization

(3) Your rights as a patient regarding privacy of your health information and our duties in protecting your health information

(4) How to file concerns and complaints about the privacy of your information

(1) Uses or disclosures that do not require your written authorization:

We use or disclose your health information to carry out your treatment, to obtain payment for your treatment and to conduct health care operations.

- For Treatment we use and disclose your health information to plan, coordinate and provide your care. We disclose your health information for treatment purposes to physicians and other health care professionals who are involved in your care, and as necessary to Accord staff members or volunteers who are involved in your care.
- For Payment we may use and disclose your health information to prepare documentation required by your insurance company, HMO or by Medicare or Medicaid for billing purposes. We disclose only that part of your health information that these organizations require before they will make payments.
- For Health Care Operations we use or disclose your health information with staff not directly involved with your care, for example, to improve the quality of our services, to plan better ways of treating patients, and to evaluate staff performance.

Where we are required or permitted by law to do so, we may use or disclose your health information in the following circumstances without your written authorization.

- As Required By Law. We will disclose health information about you when required to do so by federal, state or local law.
- To Avert a Serious Threat to Health or Safety. We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat or as we may be required by law.

Special Situations

- National Security and Military and Veterans. We may release health information about you to authorized officials for national security activities authorized by law. We may disclose health information about you to authorized officials so they may provide protection to the President, other authorized persons or foreign heads of state. If you are a member of the armed forces, we may release health information about you as required by military command authorities. We may release health information about foreign military personnel to the appropriate foreign military authority.
- Worker's Compensation. We may release health information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.

- **Public Health Risks.** We may disclose health information about you for public health activities. These activities generally include, but are not limited to, the following:
 - to prevent or control disease, injury or disability;
 - to report deaths; to report child or elder abuse or neglect;
 - to report elder exploitation; to report reactions to medications or problems with products; to notify people of recalls of products they may be using;
 - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required by law.
- **Health Oversight Activities.** We may disclose health information to a health oversight agency for activities authorized by law for audits, investigations, inspections, and licensure.
- **Lawsuits and Disputes.** If you are involved in a lawsuit, we may disclose health information about you in response to a court or administrative order; in response to a subpoena, discovery request or other lawful process by someone else other than you involved in the dispute.
- **Law Enforcement.** We may release health information if asked to do so by a law enforcement official when lawful:
 - In response to a court order, subpoena, summons or similar process;
 - To identify/ locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - About a death that may be the result of criminal conduct;
 - About criminal conduct at Accord; and In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Organ and Tissue Donation.** If you are an organ donor, we may release health information to organizations that handle organ procurement for organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Coroners, Medical Examiners and Funeral Directors.** We may release health information to a coroner or medical examiner. We may also release health information about patients of Accord to funeral directors as necessary to carry out their duties.

The law does not require us to get your permission for the following uses. You may, however, ask us not to. You must ask us in writing. Write either "The Administrator" of the team serving you at the office address listed in your admissions packet, or the "Privacy Officer" at ADDRESS OF ACCORD ADMIN OFFICES or fax your request to (???)???-????.

- **Treatment Alternatives and Health-Care Related Benefits and Services.** We may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you. For example: we may use your name and address to notify you and your family of support groups or other programs.
- **Confirming our visits to your home or other appointments.**
- **Facility directories** that allow phone information to be given to callers if you are currently located at an Accord care facility: your name, the location of our facility, your room number; and allow us to connect the caller to your room.
- **Research.** Under certain circumstances, we may use and disclose health information about you for research purposes. All research projects are subject to a special approval process. This process evaluates a proposed research project and its use of health information. We will ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care with us.
- **Informing family and friends.** We may disclose your health information to family, friends, or caregivers who are involved in your care.
- **Disaster Assistance/Relief Efforts.** We may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- **Fundraising Activities.** We may use information about you to contact you in an effort to raise money for Haven. If you do not want Accord to contact you for fundraising efforts, you must notify the Development Department (Admin address here) in writing.
- **Internet 'Cookies.'** When you log onto our website, the software may collect data from your visit to identify what parts of our website you review. Accord does not review or separately store this information.

(2) Uses or disclosures that require your written authorization:

Your written authorization, which you may revoke (in writing) at any time, is required if we use or disclose your health information for any other purpose. Such as:

- Marketing of goods or services to you.
- Our use of counselor and social worker process notes beyond treatment, payment, and health care operations.

(3) Your rights as a patient regarding privacy of your health information and our duties in protecting your health information

You have the following rights regarding health information we maintain about you:

- **Right to Request Confidential Communications.** To request that we communicate with you about medical or financial matters in a certain way or at a certain location. For example, you can ask that we only speak with you about your condition when no one else is in the room. To request confidential communications, you must make your request by calling 1-800-111-1111 or preferably in writing to: Privacy Officer, Accord, ADMIN ADDRESS HERE. We will not ask you the reason for your request. We are not required to agree to your request, but we will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to a Paper Copy of This Notice.** You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this Notice at our website, www.accordhealthcare.net To obtain a paper copy of this Notice, contact any team office or the Privacy Officer at ADMIN ADDRESS, or by phone at 1-800-111-1111.
- **Right to receive notifications of breaches of your unsecured protected health information.** Should there be a breach resulting in your unsecured protected health information being used, sold, disclosed or otherwise violating HIPAA Privacy rules, Accord will notify you in writing.

- **Right to Inspect and Receive a Copy Your Health Information.** You may inspect and receive a copy of health information that we have produced, while caring for you. Usually, this includes medical and billing records. To inspect and/or receive a copy of health information you must submit your request in writing to The Medical Records Manager, ACCORD, ADMIN ADDRESS. If you request a copy of the information, we will charge a fee for the costs of copying, mailing or other supplies associated with your request. We will let you know the cost before we send the material and you may withdraw or modify your request at that time before costs are incurred. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional chosen by ACCORD will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- **Right to Amend.** If you feel that health information we have about you is incorrect or incomplete, you may ask us to correct the information. You have the right to request an amendment for as long as we keep the information. To request an amendment, your request must be made in writing and submitted to the Medical Director, ACCORD, ADMIN ADDRESS HERE. You must provide a reason and documentation that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
 - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - Is not part of the health information kept by us;
 - Is not part of the information which you would be permitted to inspect and copy; or
 - Is accurate and complete.
- **Right to an Accounting of Disclosures.** To request an “accounting of disclosures.” This is a list of the disclosures of your protected health information we have made that (1) was not made to carry out treatment, payment, or health care operations, (2) was not authorized by you, or (3) was not part of a limited data set whereby disclosures do not directly identify you. To request a list of disclosures you must submit your request in writing to Medical Records, ACCORD, ADMIN ADDRESS HERE. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003, as provided by federal law. Your request should indicate in what form you want the list, on paper or electronically. The first list you request within a 12-month period will be free. For additional lists, we may charge you the costs of providing the list. We will notify you of the cost and you may withdraw or modify your request at that time before costs are incurred.
- **Right to Request Restrictions.** To request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. Or if you are in one of our associated hospice facilities, you may request that we not acknowledge to those who call by phone that you are staying there. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to The Medical Records Manager, ACCORD, ADMIN ADDRESS HERE. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your children.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in ACCORD owned facilities and offices. The Notice will contain on the first page, the effective date. In addition, each time you are admitted to ACCORD for health care services, we will offer you a copy of the current Notice in effect.

COMPLAINTS

(4) How to file concerns and complaints about the privacy of your information

We are committed to excellence in patient care and would appreciate an opportunity to address your concerns. If you believe your privacy rights have been violated, you may file a complaint with our organization by contacting the Privacy Officer, by calling 1-800-111-1111 or in writing at ADMIN ADDRESS HERE. You may also contact the Secretary of the Department of Health and Human Services (HHS), U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201. To file a complaint with HHS the complaint must be submitted in writing.

You will not be penalized for filing a complaint, nor will your care be affected in any way for filing a complaint.

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission in writing at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your permission; and we are required to retain our records of the care that we provided to you.