

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 THIS NOTICE CAREFULLY.

It is Care At Home Florida's policy that all protected health information, including demographic and contact data, collected and maintained by the company only be used as necessary for treatment, payment, and healthcare operations purposes; to comply with applicable law; as otherwise indicated in this notice; and as authorized by you. Care At Home Florida will attempt to mitigate, to the extent practicable, any harmful effects from its misuse or inappropriate disclosure of your protected health information.

Pursuant to applicable federal and state laws, all client records shall be maintained for the required number of years from the date of last service rendered. The Director of Care At Home Florida will be responsible for maintaining custody and confidentiality of your records.

Uses and Disclosure of Protected Health Information

Care At Home Florida may use and disclosure your protected health information for treatment, payment, and healthcare operations purposes, as follows:

- *Treatment purposes:* to appropriate parties to ensure you receive proper care.
 - For example, we may share your protected health information with independent care providers referred to you by Care At Home Florida or with other treating physician(s), emergency transports, and hospital emergency rooms.
- *Payment purposes:* to obtain payment for services performed by referred care providers.
 - For example, we may share information with your long-term care insurance provider or other third-parties responsible for paying your bills. If you pay out of pocket, in full, for care, you may request that protected health information related to that care be restricted from disclosure to health plans.
- *Healthcare operations purposes:* to assess and to improve our referral services.
 - For example, we may share information with an independent quality and client satisfaction surveyor who may contact you to assess the quality of our referral services.
 - When we share your protected health information with a third-party business associate, such as an independent quality and client satisfaction surveyor, we will have a written contract with the third party requiring it to protect the privacy of your disclosed protected health information.

We may use or disclose protected health information, without your written authorization or the opportunity for you to agree or object, as follows:

- *To the extent required by law*, provided the use or disclosure complies with and is limited to the law's relevant requirements;
- *For public health activities*, including: to a public health authority for preventing or controlling disease, injury, or disability; for purposes related to the quality, safety or effectiveness of an FDA-regulated product or activity; to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; to an employer, about an individual who is a member of the workforce of the employer; and to a school, about an individual who is a student or prospective student of the school;
- *About an individual whom we reasonably believe to be a victim of abuse, neglect, or domestic violence* to a public health authority or government authority, including a social service or protective services agency;
- *To a health oversight agency* for oversight activities authorized by law or necessary for appropriate oversight, including audits, investigations, inspections, and other actions;
- *In the course of any judicial or administrative proceeding*, if expressly authorized by a court or administrative tribunal order or in response to a subpoena, discovery request, or other lawful process;
- *For a law enforcement purpose* to a law enforcement official: if pursuant to process or as otherwise required by law; to identify or locate a suspect, fugitive, material witness, or missing person; about an individual who is or is suspected to be a victim of a crime; to alert law enforcement of a death, if we suspect the death resulted from criminal conduct; if we believe it constitutes evidence of criminal conduct on our premises; and in response to a medical emergency, if necessary to alert law enforcement to the commission and nature of a crime, the location or victim(s) of such crime, and the identity, description, and location of the perpetrator;
- *To a coroner, medical examiner, or funeral director* for the purpose of identifying a deceased person, determining a cause of death, or other duties;
- *To organ procurement organizations* or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating transplantation;
- *For research*, under certain conditions, regardless of the source of funding of the research;
- *To a person or persons reasonably able to prevent or lessen a serious and imminent threat* to the health or safety of a person or the public, including to the target of the threat, if we believe, in good faith, the use or disclosure is necessary, or to law enforcement authorities to identify or apprehend an individual;
- *For specialized government functions*, including: if you are Armed Forces personnel, activities deemed necessary by appropriate military command authorities to assure the

proper execution of the military mission; to federal officials for lawful intelligence, counter-intelligence, and other national security activities, the provision of protective services to the President, foreign heads of state, or other authorized persons, or for certain investigations; and about an inmate or individual to a correctional institution or a law enforcement official having lawful custody of such inmate or other individual; and

- *As authorized by, and to comply with, laws relating to workers' compensation* or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

We may use or disclose your protected health information for the following purposes, provided that we inform you in advance of the use or disclosure and give you the opportunity to agree to or prohibit or restrict the use or disclosure. We may orally inform you of and obtain your oral agreement or objection to these uses and disclosures.

- *Involvement with care or payment:* we may disclose to a family member, other relative, close personal friend, or any other person identified by you, the protected health information directly relevant to such person's involvement with your health care or payment related to your health care.
- *Notification:* we may use or disclose your protected health information to notify, or assist in the notification of (including identifying or locating), a family member, your personal representative, or another person responsible for your care, of your location, general condition, or death.
- *Disaster Relief:* we may use or disclose your protected health information to entities authorized by law to assist in disaster relief efforts, for the purpose of coordinating notification as described above.

If you are present for, or available prior to, the uses and disclosures in the immediately preceding paragraph, we may only use or disclose your protected health information if:

- 1) we obtain your agreement,
- 2) we provide you the opportunity to object and you do not object, or
- 3) we reasonably infer in our professional judgment that you do not object.

If you are not present, or if the opportunity to agree or object cannot be provided because of your incapacity or an emergency, we will exercise our professional judgment to determine whether the disclosure is in your best interests and will disclose only the information directly relevant to the person's involvement or needed for notification purposes.

If you are deceased, we may disclose protected health information relevant to a family member or other person who was involved in your care or payment for health care prior to your death, unless doing so is inconsistent with your prior expressed preference known to us.

Any uses or disclosures of your protected health information not listed above, or otherwise required by law, will be made only with your written authorization, which you may revoke in

writing at any time. Upon receipt of your written revocation of an authorization, Care At Home Florida will cease to use or disclose your protected health information in the previously authorized manner. The written authorization requirement includes most uses and disclosures of psychotherapy notes, most uses and disclosures of protected health information for marketing purposes, and the sale of protected health information. We may contact you for fundraising efforts, but you can tell us not to contact you again.

Client Rights

You have the right to request restrictions on certain uses and disclosures of your protected health information. Care At Home Florida is not required to agree to these requests.

You further have the right to:

- Request that communications of protected health information be received by alternative means or at alternative locations;
- Inspect and copy your protected health information;
- Amend your protected health information;
- Receive an accounting of the disclosures of your protected health information; and
- Obtain a paper copy of this Notice of Privacy Practices.

You may exercise any of the above rights by contacting Care At Home Florida in writing.

You also have the right to complain to the HIPAA Compliance Office of Care At Home Florida and to the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint with Care At Home Florida by contacting the HIPAA Compliance Officer at its office. You will not be retaliated against for filing any such complaint.

Care At Home Florida's Duties

Care At Home Florida is required to:

- Maintain the privacy of your protected health information;
- Provide you with notice of our legal duties and privacy practices with respect to your protected health information;
- Provide you with access to an electronic copy of your protected health information, in the electronic form and format requested by you, if it is readily producible, or, if not readily producible, in an electronic form and format as agreed to by us and you; if you decline to accept any of the electronic formats readily producible by us, we must provide you a hard

copy to fulfill your request; we may impose a reasonable cost-based fee to review the access request and to produce the electronic copy;

- Transmit a copy of protected health information, if requested by you, directly to another person designated by you; such a request must be in writing, be signed by you, and clearly identify the designated person and where to send the copy of the protected health information;
- Notify you following a breach of your unsecured protected health information; and
- Abide by the terms of the Notice of Privacy Practices that is in effect.

Care At Home Florida reserves the right to change the terms of this notice at any time and to immediately make the new notice provisions effective for all protected health information that it maintains. If the terms of this notice are materially changed, Care At Home Florida will promptly provide you with the revised notice by mail to the address you supplied.

Further Information

For further information about this notice, please contact Care At Home Florida at 866-654-0353 or in writing to Care At Home Florida, at 111 2nd Ave NE, Suite 325, St. Petersburg, FL 33701.

Effective Date

This notice is effective August 2017.

Acknowledgement of Receipt

By signing below, I acknowledge that I have read and received a copy of this Notice of Privacy Practices.

Client Signature

Date

Print Client Name

– OR –

Personal Representative

Date

Personal Representative's printed name and description of authority to act on Client's behalf