

Home of Guiding Hands 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. If you have any questions please do not hesitate to ask.

Home of Guiding Hands has a legal and ethical responsibility to maintain the privacy of your personal health information. We will use or disclose personal health information only with your consent or authorization, with the exceptions described in this notice or allowed by federal or state laws, rules and regulations.

Uses and Disclosures of Protected Health Information for Treatment, Payment and Health Care Operations

When you are placed at Home of Guiding Hands, you or a designee will be asked to sign a consent form so that we may use and disclose your health information when necessary. Your protected health information may be used or disclosed by Home of Guiding Hands, our staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used or disclosed to pay your health care bills and to support our health care operations.

Following are some examples of the types of uses and disclosures of your protected health care information that Home of Guiding Hands is permitted to make once you have signed the consent form. Although this does not include every use or disclosure we may make, all the ways we are permitted to use and disclose information will fall within one of the categories.

Treatment: We may use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. We may disclose your protected health information to a physician, consultant, pharmacy, therapist, specialist or diagnostic service that may be providing assistance with your health care diagnosis or treatment. For example, we would disclose protected health information to physicians who are treating you.

Payment: Your protected health information may be used to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as making a determination of eligibility or coverage for insurance benefits, or reviewing services provided to you for medical necessity.

Healthcare Operations: We may use or disclose your protected health information in case of transfers to other health care facilities, e.g. hospitals, where transfer of information is required by regulation or for referral purposes. We will share your protected health information with third party business associates that perform various activities (e.g., billing, transcription services) for Home of Guiding Hands. Whenever an arrangement between a business associate and ourselves involves the use or disclosure of

your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

Others Involved in Your Healthcare: Unless you object, we may disclose protected health information to a member of your family, a close friend or any other person you identify when it directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Emergencies: We may use or disclose your protected health information in an emergency treatment situation. If this happens, Home of Guiding Hands will try to obtain your consent as soon as reasonably possible after the delivery of treatment.

Communication Barriers: We may use and disclose your protected health information if Home of Guiding Hands attempts to obtain consent from you but is unable to do so. If there are substantial communication barriers and we determine, using professional judgment, that you intend to consent to use or disclosure of this information we will do so in your behalf.

We may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

Food and Drug Administration, Public Health and Other Reporting Required By Law: We may use or disclose your protected health information to the extent that the law requires the use or disclosure. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Legal Proceedings and Law Enforcement: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or in response to a subpoena, discovery request or other lawful process. We

may also disclose protected health information for law enforcement purposes, as long as applicable legal requirements are met.

Workers Compensation and Employee Actions: Health information may be disclosed to the extent required to carry out necessary activities. Privacy of an employee/consumer will be protected within legal parameters.

Funeral Directors and Coroner's Office: In the event it is necessary we may disclose health information to funeral directors and the coroner's office as required for them to carry out their duties, or for the purposes of approved organ donation.

Research: Any disclosure of health information for research purposes will be made only with documented approval for the research. Individual names will not be included unless we receive specific authorization.

Your Rights

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights. For more information or to exercise these rights, please contact our privacy officer.

You have the right to inspect and copy your protected health information. You may inspect and obtain a copy of the protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A designated record set contains medical and billing records, and any other records that Home of Guiding Hands uses for making decisions about your care. Under federal law, however, you may not inspect or copy psychotherapy notes or information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding. Depending on the circumstances, we may make the decision to deny your access. In some cases, you may have a right to have this decision reviewed. Please contact our Privacy Contact if you have questions about access to your medical record.

You have the right to request a restriction of your protected health information. You may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or health care operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Home of Guiding Hands is not required to agree to a restriction that you may request. If we believe it is in your best interest to permit use and disclosure of your protected health information, the information will not be restricted. If Home of Guiding Hands agrees to a restriction you have requested, we will not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment.

You may have the right to have us amend your protected health information. You may request an amendment of the protected health information in your designated record set for as long as we maintain this information. Home of Guiding Hands will act on your request within 60 days of the receipt of the request. If necessary, we may have an additional 30 days to act on the request if we provide you with a written statement explaining our reasons for the delay and the expected date we will be able to fulfill our

obligation to you. In certain cases, we may deny your request. If we deny your request, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Contact if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made of your protected health information. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made about you to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003 for a time period of up to six years. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to request an alternate means of communication to obtain your health information. For example, you may request to receive information via fax or in a language other than English. We are not required to agree to your request.

You have the right to revoke an authorization to use or disclose your protected health information. If you wish to revoke an authorization, it will not affect an action that relies on this information that has already been taken.

You have the right to obtain a paper copy of this notice from us upon request. You can obtain a copy of our Notice of Privacy Practices by accessing our website at <http://www.guidinghands.org/>, calling the office and requesting that a copy be sent to you, or by asking for one at the Home of Guiding Hands main office.

Complaints

If you believe Home of Guiding Hands has violated your privacy rights, you may file a complaint with us by notifying our privacy officer of your complaint. If you are not satisfied with the results of your complaint, you may contact the Secretary of Health and Human Services. We will not take action against you for filing a complaint. You may contact our Privacy Contact at (619) 448-3700 for further information about the complaint process.

Please Note: We may change the terms of this notice at any time. The new notice will be effective for all protected health information that we maintain at that time. If we revise this notice, we will provide you with a copy of the revised notice.

This notice was published and becomes effective on April 14, 2003.