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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.

Protecting The Security of Your Health Information

Your health information is personal and we are committed to protecting the privacy of your health information by following applicable federal and state privacy and confidentiality requirements. We call this protection PHI or protected health information, and it includes information that may be used to identify you that we have created or received about your past, present, or future health or condition, the provision of health care to you, or the payment of this health care. We are required by law to keep your health information private and to give you a notice of our legal duties and privacy practices. When required by Minnesota, federal or any other law, we will obtain your consent before using or disclosing health information. However, we reserve the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to the PHI we already have. Before we make an important change to our policies, we will promptly change this notice and post a new notice in our main office lobby. You can also request a copy of this notice from the contact person listed in this notice.

This notice applies to all of the records of your care provided to us, created by us or other health care providers, or an employee of a company we have contracted with to help us provide care or services.

How We May Use and Disclose Health Information About You

We use and disclose health information for many different reasons. For some of these uses or disclosures, we need your specific authorization. Below, we describe the different categories of uses and disclosures and give you an example of each category. Not every use or disclosure may be listed, however, all of the ways we use and disclose information will fall into one of the categories.

For Treatment: We may disclose your PHI to physicians, nurses, medical students, and other health care personnel who provide you with health care services or are involved in your care. For example, if you are recovering from knee surgery, we may disclose your PHI to the nurse providing follow up care, and the physical therapist in order to coordinate your care.

For Payment: We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. For example, we may provide portions of your PHI to our billing department and your health plan to obtain payment for the health care services we provide(d) to you. We may also tell your health plan (insurance company, Medicare, Medical Assistance, etc) about a service you need in order to obtain authorization for payment of the service.

For Health Care Operations: We may use and disclose health information about you for our health care operations. These uses and disclosures are necessary to run our agency and make sure that our clients get quality care. For example, we may use your PHI in order to evaluate the quality of health care services you received or to evaluate the performance of the health care professionals who provided health care services to you. We may also provide your PHI to our accountants, attorneys, consultants, and others in order to make sure we are operating in accordance with the laws that govern us. If we do, we only

provide them with health information when it is needed and only after they have signed an agreement to follow our privacy practices and the law.

Individuals Involved in Your Care or Payment for Your Care: With your permission, we may release health information about you to a family member or friend who is involved in your health care while you are our client. If you are not able to give your permission for these communications, we will use our professional judgment to decide with whom we should communicate. We may also give a limited amount of information to someone who helps pay for your care so that they can help with the payment of the claim. You may limit 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. In the event of a natural disaster or other disaster, we may disclose health information about you to an entity helping with a disaster relief effort so that your family can be notified about your condition.

To Avoid 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 would only be to someone able to help prevent or lessen such harm.

Certain Uses and Disclosures Do Not Require Your Authorization

We may use and disclose your PHI without your authorization of the following reasons:

When a disclosure is required by federal, state, or local law, judicial or administrative proceedings or law enforcement. For example, we make disclosures when 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 wounds; or when ordered in a judicial or administrative proceeding.

For public health activities. For example, we report information about 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.

For health oversight activities. For example, we will provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.

For purposes of organ donation. We may notify organ procurement organizations to assist them in organ, eye, or tissue donation and transplants.

For research purposes. Although we do not normally participate in medical research projects, it is possible that we could provide some PHI for statistical purposes.

To avoid harm. In order to avoid a serious threat to the health or safety of a person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.

For specific government functions. We may disclose PHI of military personnel and veterans in certain situations and/or for national security purposes.

For worker's compensation purposes. We may provide PHI in order to comply with worker's compensation laws.

Appointment or scheduling reminders and health-related benefits or services. We may use PHI to provide reminders for appointments or schedules or to give you information about treatment alternatives or other health care services or benefits we may offer.

Uses and Disclosures That Require You to Have the Opportunity to Object.

Disclosures to family, friends, or others. We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

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 PHI.

RIGHTS YOU HAVE REGARDING YOUR PHI

You have the following rights with respect to your PHI:

The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask that we limit how we use and disclose you PHI. We will consider your request but 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. You may not limit the uses and disclosures that we are legally required or allowed to make.

The Right to Choose How We Send PHI to You. You have the right to ask that we send information to you to an alternate address (home versus work or vice versa) or by alternate means (i.e. e-mail instead of regular mail). 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 PHI. In most cases, you have the right to look at or get copies of your PHI that we have, but you must make the request in writing. If we do not have your PHI 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. 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 PHI, we will charge you \$1.00 for each page. Instead of providing the PHI you requested, we may provide you with a summary or explanation of the PHI as long as you agree to that and to the cost in advance.

The Right to Get a List of the Disclosures We Have Made. You have the right to get a list of instances in which we have disclosed your PHI. The list will not include uses or disclosures that you have already consented to, such as those made for treatment, payment, or health care operations or care, directly to you, to your family, or our internal listing. The list also will not include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, or before April 14, 2003.

We will respond within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. The list will include the date of the disclosure, to whom PHI was disclosed, a description of the information disclosed, and the reason for the disclosure. 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 \$20.00 for each additional request.

The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI 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. We will respond within 60 days of receiving your request. We may deny your request in writing if the PHI is a). correct and complete, b). not created by us, c). not allowed to be disclosed, or d). 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 one, you have the right to request that your request and our denial be attached to all future disclosures of your PHI. If we approve your request, will make the change to your PHI, tell you that we have done it, and tell others that need to know about the change to your PHI.

The Right to Get This Notice by E-Mail. You have the right to get a copy of this notice by e-mail. Even if you have agreed to receive notice via e-mail, you also have the right to request a paper copy of this notice.

HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you think that we may have violated your privacy rights, or you disagree with a decision made about access to your PHI, you may file a complaint with the person listed below. You may also send a written complaint to the Secretary of the Department of Health and Human Services. You may call our office at 952-854-6104 to discuss your complaint, ask questions or to get the contact information for the Department of Health and Human Services. To file a complaint with us, send our complaint to: HomeCare Resource, Department of Client Concerns and Privacy, 2740 American Boulevard West, Suite 100, Bloomington, MN 55431. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Effective Date of This Notice: June 17, 2016.