

## NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

**“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 about this Notice, please contact our Privacy Official using the following options:**

**1) Toll free at 1 (866) 334-7777 - or -**

**2) In writing to Privacy Official, Nightingale Home Healthcare, 1036 South Rangeline Road, Carmel, Indiana 46032**

### **About this Notice**

This Notice of Privacy Practices describes the ways we may use and disclose health information that identifies you (“Health Information”). You have rights and we have certain obligations regarding the use and disclosure of your Health Information. We are required by law to maintain the privacy of Health Information that identifies you; give you this Notice of our legal duties and privacy practices with respect to your Health Information; and follow the terms of our Notice that are currently in effect.

This Notice covers Nightingale Home Healthcare, Inc. and all of its related entities, (“Nightingale Home Healthcare”, “Nightingale”, “Nightingale Care Services”, “Aspire”, “we” or “us”), including all of its health care professionals and administrative staff.

We are required to abide by the terms of this Notice. We may change the terms of this Notice at any time. The new Notice will be effective for all Health Information that we maintain at that time. You may access a revised version of the Notice by accessing our website at [www.homecareforyou.com](http://www.homecareforyou.com). Upon your request, we will provide you with any revised Notice by mail or at the time of your next appointment.

### **How we may use and disclose Health Information about you**

The following categories describe different ways that we may use and disclose Health Information.

#### **For Treatment**

We may use your Health Information to provide, coordinate, or manage your health care and any related services. This includes the coordination of your health care with another provider. For example, we may disclose Health Information to your treating physician. In addition, we may disclose your Health Information from time to time to another physician or health care provider (ex. specialist or laboratory) who becomes involved in your care by providing assistance with your health care diagnosis or treatment.

#### **For Payment**

We may use and disclose your Health Information so that we may bill for treatment and services you receive from Nightingale and can collect payment from you, an insurance company or another third party. For example, we may need to give Medicare or your Health Insurance Plan information about your treatment in order for them to pay for such treatment. We also may tell them about a treatment you are going to receive to obtain prior approval or to determine whether they will cover the treatment. In the event a bill is overdue, we may need to give your Health Information to a collection agency as necessary to help collect the bill or may disclose an outstanding debt to credit reporting agencies.

#### **For Health Care Operations**

We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and for our operation and management purposes. For example, we may use Health Information to review the treatment and services you receive to check on the performance of our staff in caring for you.

**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.

**Fundraising Activities**

We may use your demographic information to contact you for fundraising activities supported by our agencies. If you do not want to receive these materials, please contact our Privacy Official and request that these fundraising materials not be sent to you.

**Individuals Involved in Your Care or Payment for Your Care**

We may release Health Information to a person who is involved in your medical care or helps pay for your care, such as a family member or friend. We may also notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

**Research**

Under certain circumstances, we may use and disclose Health Information for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. Before we use or disclose Health Information for research, however, the project will go before our agency review board to be approved. The review board will review the research proposal and establish protocols to ensure the privacy of your Health Information. Even without special approval from our review board, we may permit researchers to look at records to help them identify patients who may be included in their research project or for similar purposes, so long as they do not remove or take a copy of any Health Information.

**As Required by Law**

We will disclose Health Information about you when required to do so by international, federal, state or local law.

**To Avert a Serious Threat to Health or Safety**

We may use or disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. A disclosure, however, will be to someone who may be able to help prevent the threat.

**Business Associates**

We may disclose necessary Health Information to our business associates that perform functions on our behalf or provide us with services. For example, we may use another company or contracted individual to perform billing or care services on our behalf. Business associates are under contract with us to protect the privacy of your Health Information and are not allowed to use or disclose any information other than as specified in their contract with us. We require subcontractors that create, receive, maintain, or transmit Health Information to appropriately safeguard your information.

**Organ and Tissue Donation**

If you are an organ or tissue donor, we may release Health Information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary, to facilitate organ or tissue donation or transplantation.

**Military and Veterans**

If you are a member of the armed forces, we may release Health Information as required by military command authorities. We may also release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

**Workers' Compensation**

We may release Health Information for Workers' Compensation or similar programs. These programs provide benefits for work related injuries or illnesses.

**Public Health Risks**

We may disclose Health Information for public health activities. These activities include disclosures to: a person subject to the jurisdiction of the Food and Drug Administration (“FDA”) for purposes related to the quality, safety or effectiveness of a FDA-regulated product or activity; prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence and the patient agrees or we are required or authorized by law to make such disclosure.

**Health Oversight Activities**

We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes**

If you are involved in a lawsuit or dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement**

We may release Health Information if asked by a law enforcement official for the following reasons: in response to a court order, subpoena, warrant, summons or similar process; limited information to identify or 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 we believe may be the result of criminal conduct; about criminal conduct on our premises; and in emergency circumstances to report a crime, the location of a crime or victims, or the identity, description or location of the person who committed the crime.

**National Security and Intelligence Activities and Protective Services**

We may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law. We also may disclose Health Information to authorized federal officials so they may conduct special investigations and provide protection to the President, other authorized persons and foreign heads of state.

**Coroners, Medical Examiners and Funeral Directors**

We may release Health Information to a coroner, medical examiner or funeral director so that they can carry out their duties.

**Inmates**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

**Special Protections for HIV, Alcohol and Substance Abuse, Mental Health and Genetic Information**

Special privacy protections apply to HIV-related information, alcohol and substance abuse information, mental health information, and genetic information. If your treatment involves this information, uses and disclosures may require your specific authorization.

**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. You may revoke your permission at any time by submitting a written request to our Privacy Official, except to the extent that we acted in reliance on your permission. Uses and disclosures of protected health information for marketing purposes and disclosures that constitute a sale of protected health information require your authorization.

## **Your Rights Regarding Health Information About You**

You have the following rights, subject to certain limitations, regarding Health Information we maintain about you:

### **Right to Inspect and Copy**

You have the right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. We may charge you a fee for the costs of copying, mailing, or other supplies or time spent preparing any paper or electronic health records associated with your request. We are required to respond to a complete and valid request for your Health Information within 30 days unless we provide written notice of a one-time extension.

### **Right to Request Amendments**

If you feel that Health Information we have is incorrect or incomplete, you may ask to amend the information and you must tell us the reason for your request. You have the right to request an amendment for as long as the information is kept by or for Nightingale. A request for amendments must be submitted, in writing, to the Privacy Official at the address provided at the top of this Notice.

### **Right to Accounting of Disclosures**

You have the right to request an "accounting of disclosures" of Health Information. This is a list of certain disclosures we made of Health Information. The first list you request within a twelve month period will be free. For additional lists, we may charge you for the costs of providing the list.

### **Right to Request Restrictions**

You have the right to request a restriction or limitation on the Health Information we use or disclose 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 involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request. If we agree, we will comply with your request unless we terminate our agreement or the information is needed to provide you with emergency treatment.

You have the right to restrict disclosures to your health plan if the disclosure is purely for carrying out payment or health care operations and the requested restriction is for services paid out-of-pocket. You must specify in writing the Health Information that is to be restricted from your health plan.

### **Right to Request Confidential Communications**

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

### **Right to a Paper Copy of This Notice**

You have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time. You may obtain a copy of this Notice at our website:

[www.homecareforyou.com](http://www.homecareforyou.com).

### **How to Exercise Your Rights**

To exercise your rights described in this Notice, send your request, in writing, to our Privacy Official at that the address listed at the top of this Notice. Alternatively, to exercise your right to inspect and copy Health Information, you may contact your physician's office directly. To obtain a paper copy of our Notice, contact our Privacy Official by phone or by mail.

### **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 as well as any information we receive any the future. We will post a copy of the current Notice at each Nightingale office and on our website.

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with Nightingale or with the Office of Civil Rights, Department of Health and Human Services, 200 Independence Avenue S.W., Room 509F HHH Bldg., Washington, D.C. 20201. To file a complaint with Nightingale, contact our Privacy Official at the information listed at the top of this Notice. You will not be penalized for filing a complaint.

### **Breach Notification**

We are required to notify you of impermissible uses or disclosures of your Health Information and will do so as soon as possible, but in any event, no later than 60 days following discovery. We must notify you of any breach unless we can demonstrate, based on a risk assessment, that there is a low probability that your Health Information has been compromised.