

## 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.**

### **HOW WE WILL USE OR DISCLOSE YOUR HEALTH INFORMATION**

**To Provide Treatment.** Heritage may use or disclose your health information for treatment purposes, including for the treatment activities of other health care providers. For example, Heritage staff may observe and record your symptoms in your record, and your physician may use this information to prescribe appropriate medications. Heritage also may disclose your health care information to individuals outside of Heritage who are involved in your care, including family members, pharmacists, suppliers of medical equipment, or other health care professionals.

**To Obtain Payment.** Heritage may use or disclose your health information for payment, including for payment activities of other health care providers or payers. Heritage may include your health information in invoices to collect payment for third parties for the care you receive from Heritage. For example, Heritage may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or Heritage. Heritage also may need to obtain prior approval from your insurer and may need to explain to the insurer your need for home care and the services that will be provided to you.

**To Conduct Health Care Operations.** Heritage may use and disclose health information for its own health care operations. For example, members of our staff may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

In addition, we will disclose your health information for certain health care operations of other entities. However, we will only disclose your information under the following conditions: (a) the other entity must have, or have had in the past, a relationship with you; (b) the health information used or disclosed must relate to that other entity's relationship with you; and (c) the disclosure must only be for one of the following purposes; (i) quality assessment and improvement activities; (ii) population-based activities relating to improving health or reducing health care costs; (iii) case management and care coordination; (iv) conducting training programs; (v) accreditation, licensing, or credentialing activities; or (vi) health care fraud and abuse detection or compliance.

**To Business Associates.** There are some services provided in our organization through the use of outside people and entities. Examples of these "business associates" include our accountants, consultants and attorneys. We may disclose your health information to our business associates so that they can perform the job we've asked them to do. To protect your health information, however, we require the business associates to appropriately safeguard your information, and they are also required to do so by law.

**For Fundraising Activities.** Heritage may use information to contact you as part of a fund-raising effort, but you will be provided an opportunity to opt out of these communications.

**For Appointment Reminders.** Heritage may use and disclose your health information to contact you, a family member, personal representative, or another person responsible for your care, as a reminder that you have an appointment for a home visit.

**Communication With Family.** We may disclose to a family member, other relative, close personal friend, or other person involved in your health care, health information relevant to that person's involvement in your plan of care or payment related to your care.

**For Treatment Alternatives.** Heritage may contact you to tell you about or recommend possible alternative treatments, therapies, health care providers or settings.

**When There Are Risks To Public Health.** Heritage may disclose your health information for public health activities and purposes, such as to prevent or control disease, injury, or disability, or to notify a person who has been exposed to a communicable disease or is at risk of contracting or spreading a disease.

**Food And Drug Administration.** Heritage may disclose to the FDA, or to a person or entity subject to the jurisdiction of the FDA, health information relative to adverse events with respect to food, supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.

**To Report Abuse, Neglect Or Domestic Violence.** Heritage may notify government authorities if Heritage reasonably believes a client is the victim of abuse, neglect or domestic violence.

**To Conduct Health Oversight Activities.** Heritage may disclose your health information to a health oversight agency for oversight activities authorized by law, such as audits, civil administrative or criminal investigations, inspections, licensure or disciplinary actions. Heritage, however, may not disclose your health information if you are the subject of an investigation or the investigation is not directly related to your receipt of health care or claim/qualifications for public benefits.

**In Connection With Judicial And Administrative proceedings.** Heritage may disclose your health information in the course of judicial or administrative proceedings in response to an order of a court or administrative tribunal, or in response to a subpoena, discovery request or other lawful process, provided that Heritage makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

**For Law Enforcement Purposes.** As permitted or required by law, or in response to a valid subpoena, Heritage may disclose your health information for certain law enforcement purposes.

**For Coroners And Medical Examiners.** Heritage may disclose your health information to coroners and medical examiners for purposes of identifying you, determining your cause of death or for other duties, as authorized by law.

**For Funeral Directors.** Heritage may disclose your health information to funeral directors consistent with applicable law, as necessary to carry out their duties with respect to your funeral arrangements.

**For Organ, Eye Or Tissue Donation.** Heritage may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation or organs, eyes or tissue for purpose of facilitating the donation and transplantation.

**For Research Purposes.** Heritage may use your health information for research when certain conditions have been met.

**To Make Report.** Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more clients, worker or the public.

**For Specified Government Functions.** In certain circumstances, Heritage may use or disclose your health information to facilitate specified government functions relating to military and veterans, national security and intelligence activities, protective services for the President and other individuals, and inmates and other individuals in law enforcement custody.

**For Worker's Compensation.** Heritage may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.

## **AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION**

Other than as stated above, Heritage will not disclose your health information other than with your written authorization. If you or your representative authorize Heritage to use or disclose your health information, you may revoke that authorization in writing at any time, except to the extent that action has already been taken. Such a request must be made in writing.

## **YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION**

You have the following rights with respect to your health information that Heritage maintains:

**Right To Request Restrictions.** You may request restrictions on certain uses and disclosures of your health information related to treatment, payment, and Heritage's health care operations. You have the right to request a limit on Heritage's disclosure of your health information to someone who is involved in your care or the payment of your care. We ask that such requests be made in writing on a form provided by our HHA. Although we will consider your request, please be aware that we are under no obligation to accept it or to abide by it, unless it is a request to prohibit disclosures to your health care plan relating to a service for which you have already paid in full out of pocket. If you wish to make a request for restrictions, please contact Heritage's Privacy Officer.

**Right To Receive Confidential Communications.** You have the right to request that Heritage communicate with you in a certain way. For example, you may ask that Heritage only conduct communications pertaining to your health information with you privately with no other family members present. Such a request must be made in writing and submitted to Heritage's Privacy Officer at 1745 Indian Wood Circle, Suite 252, Maumee, OH 43537. We will attempt to accommodate all reasonable requests.

**Right To Inspect And Copy Your Health Information.** You have the right to inspect and obtain copies of your health information, including billing records. Such request may be made orally or in writing to Heritage's Privacy Officer at 1745 Indian Wood Circle, Suite 252, Maumee, OH 43537; however, to better respond to your request, we ask that you make such requests in writing on our standard form. If you request a copy of your health information, Heritage may charge a reasonable fee for copying and assembling costs associated with your requests.

**Right To Amend Health Care Information.** You or your representative have the right to request that Heritage amend your records, if you believe that your health information is incorrect or incomplete, as long as the information is maintained by Heritage. Such requests must be made in writing and must provide a reason to support the amendment. We ask that you make such requests in writing using Heritage's request form, which may be obtained from your local Heritage office.

**Right To An Accounting.** You and your representative have the right to request an account of disclosure of your health information made by Heritage in the past six (6) years. We ask that you make such requests in writing using Heritage's request form, which may be obtained from Heritage's local office. Heritage will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

**Right To A Paper Copy Of This Notice.** You or your representative has a right to obtain a paper copy of this Notice of Privacy Practices upon request. To obtain a copy, please contact Heritage's office. You may also obtain a copy of the current version of Heritage's Notice of Privacy Practices at its website, [www.heritage-hcs.com](http://www.heritage-hcs.com).

**DUTIES OF HERITAGE.** Heritage is required by law to maintain the privacy of your health information and to provide to you and your representative this notice of its duties and privacy practices. Heritage is required to abide by the terms of the Notice of Privacy Practices, as may be amended from time to time. Heritage reserves the right to change its privacy practices and to make the new provisions effective for all health information that it maintains. If Heritage changes its privacy practices, Heritage will notify you or your appointed representative. A copy of the revised notice will be available after the effective date of the changes upon request.

If you believe that your privacy rights have been violated, you may file a complaint with us. These complaints must be filed in writing on a form provided by our HHA. The complaint form may be obtained from Heritage's office and when completed should be returned to 1745 Indian Wood Circle, Suite 252, Maumee, OH 43537. You may also file a complaint with the secretary of the federal Department of Health and Human Service. There will be no retaliation for filing a complaint.

**IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT HERITAGE'S PRIVACY OFFICER AT 866-476-4700.**

**EFFECTIVE DATE: April 14, 2003**