

At Home Elder Care, Inc.

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.

Uses and disclosures:

Treatment: Your health information may be used by staff members of At Home Elder Care, Inc. or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing care. For example, notes taken by our caregivers will be made available to your physician or other professionals involved in your treatment.

Payment: Your health information may be used to seek payment from your health plan, from other sources of medical coverage such as an automobile insurer, or from credit card companies that you may use to pay for such services. For example, your health plan may request information about dates of service or services provided.

Health care operations: Your health information may be used as necessary to support day to day activities and management of At Home Elder Care, Inc. For example, information on services you receive may be used to support billing, care reminders, financial reporting, quality improvements or staff evaluations. We may also send you health information that may be of interest to you in the management of your care.

Law enforcement: Your health information may be disclosed to applicable government officials to facilitate law enforcement investigations, to report abuse, neglect or domestic violence, in connection with health oversight audits or investigations, and to comply with government mandated reporting.

Judicial or administrative proceedings: Your health information may be disclosed in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

Public health reporting: Your health information may be disclosed to public health agencies as required by law. For example, we may be required to report certain communicable diseases to the state's public health department.

Health or Safety: Your health information may be disclosed to prevent or to lessen a serious threat to you, your health or safety, or that of the public.

Other uses and disclosures require your authorization: Disclosure of your health information or its use for any other purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a signed written revocation of the authorization to At Home Elder Care, Inc.

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However, your decision to revoke authorizations will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

Individual Rights

You have certain rights under the federal privacy standards and At Home Elder Care, Inc. provides you similar rights. These include, with respect to your protected health information of which we have knowledge:

- The right to request restrictions on the use and disclosure of your protected health information.
- The right to receive confidential communications concerning your health condition or care.
- The right to inspect and copy your protected health information
- The right to amend or submit corrections to your protected health information
- The right to receive an accounting of how and to whom your protected health information has been disclosed
- The right to receive a printed copy of this notice

At Home Elder Care Duties

It is our policy to maintain the privacy of your protected health information and to provide you with this notice of privacy practices, and to abide by the privacy policies outlined in this notice. We inform clients or their legal representatives of our duties and privacy practices with respect to health information. This notice discharges that duty.

Right to Revise Privacy Practices

We reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice at our next scheduled appointment. The revised policies and practices will be applied to all protected health information that we maintain.

Requests to Inspect Protected Health Information

We require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting our office at (719) 590-8813.

Complaints, Contact Person, Effective Date and Acknowledgement

- You may complain to us if you believe your privacy rights have been violated.
- You will not be retaliated against for filing a complaint.
- You may file your complaint in writing sent to our President at our business address.
- You generally may file a complaint with the Secretary of Health and Human Services concerning health care regulated by federal law by writing to:

Secretary of Health and Human Services
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

- This notice is effective February 19, 2006