

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 Officer who is Brenda Tea toll free at (866) 334-7777.**

About this Notice

This Notice of Privacy Practices describes the ways we may use and disclose health information that identifies you (“Health Information”). We also describe your rights and certain obligations we have regarding the use and disclosure of 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. Upon your request, we will provide you with any revised Notice. You may request a revised version by accessing our website at www.homecareforyou.com, calling our office toll free at (866) 334-7777 and requesting that a revised copy be sent to you in the mail or asking for one 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 the 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 your 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 Officer 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 Health Information to our business associates that perform functions on our behalf or provide us with services if that information is necessary for such functions or services. For example, we may use another company to perform billing and/or collection services on our behalf. All of our business associates are obligated, 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 the contract.

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.

How to Learn About 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. Some parts of this general Notice of Privacy Practices may not apply to these types information. If your treatment involves this information, you may contact the Privacy Officer for more information about the protections.

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 Officer, except to the extent that we acted in reliance on your permission.

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 associated with your request.

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 Officer at the address provided at the end 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.

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.

How to Exercise Your Rights

To exercise your rights described in this Notice, send your request, in writing, to our Privacy Officer at that the address listed at the end 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 Officer 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 Secretary of the Department of Health and Human Services. To file a complaint with Nightingale, contact our Privacy Officer at the address listed at the end of this Notice. You will not be penalized for filing a complaint.

Questions

If you have a question about this Privacy Notice, please contact:

Brenda Tea, Privacy Officer
Nightingale Home Healthcare
1036 South Rangeline Road
Carmel, Indiana 46032
(866) 334-7777

Health Insurance Portability and Accountability Act (HIPAA)

HIPAA Compliance/Nightingale Home Healthcare
1036 South Rangeline Road
Carmel, Indiana 46032
(866) 334-7777
www.homecareforyou.com

NOTICE OF PRIVACY PRACTICES

Acknowledgement of Receipt

DATE: _____

I acknowledge that I was provided with a copy of the Nightingale Home Healthcare Notice of Privacy Practices.

Patient Name (Print)

Patient Signature

If completed by a patient’s personal representative, please print and sign your name in the space below.

Personal Representative (Print)

Personal Representative’s Signature

Relationship

For Nightingale’s use only.

Complete this section if this form is not signed and dated by the patient or the patient’s representative.

I have made a good faith effort to obtain a written acknowledgment of receipt of Nightingale’s Notice of Privacy Practices but was unable to for the following reason:

- Patient refused to sign
- Patient unable to sign
- Other _____

Employee Name

Date

This form should be placed in the patient’s medical record