

ALLIANCE HOMECARE NOTICE OF PRIVACY PRACTICE

Effective September 1, 2016
Privacy Officer: Joseph Verdirame
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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.

OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

The privacy of your health information is important to us. We understand that your health information is personal and we are committed to protecting it. We create a record of the care and services you receive. We need this record to provide you with the quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share health information about you. We also describe your rights and certain duties we have regarding the use and disclosure of health information. If you have any questions about this Notice, please contact our Privacy Officer listed above.

OUR RESPONSIBILITIES

1. We are required by law to maintain the privacy and security of your protected health information.
2. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
3. We must follow the duties and privacy practices described in this notice and give you a copy of this notice.
4. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
5. We reserve the right to change the terms of this notice and to make new notice provisions effective for all protected health information that we maintain. If we change our privacy practice described in this notice, the new notice will be available upon request, in our office, and on our website.

For more information see: www.hhs.gov/ocr/privacy/hippa/understanding/consumers/noticepp.html

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, tell us what you want us to do and we will follow your instructions. **In these cases, you have both the right and choice to tell us to:**

1. Share information with your family, close friends, or others involved in your care.
2. Share information in a disaster relief situation.
3. Include your information in a hospital directory
4. Contact you for fundraising efforts.

If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

YOUR INDIVIDUAL RIGHTS

You have the right to:

1. Ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless the law requires us to share information.
2. Request confidential communication. You can ask us to contact you in a specific way (for example, home or office telephone) or to send mail to a different address. This request must be made in writing to the contact person listed at the beginning of this notice.
3. Receive a copy of your paper or electronic medical record. You can ask, in writing, to see or get an electronic or paper copy of your medical record and other health information we have about you. We will provide a copy or a summary of your health information, within 10 days of your request. If you request copies, we will charge you **\$0.75** for each page, and postage if you want the copies mailed to you. Contact us using the information listed at the beginning of this notice for a full explanation of our fee structure.
4. Request that we change parts of your paper or electronic medical record if you believe it is incorrect or incomplete. We may deny your request if we did not create the information you want to change or for

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certain other reasons. If we deny your request, we will provide you with a written explanation. You may respond with a statement of disagreement that will be added to the information you wanted changed.

5. Receive a list (accounting) of those with whom we have shared your information. You can ask for a list of the times we have shared your health information for six years prior to the date you ask, who we have shared it with, and why. We will include all the disclosures except for those about treatment, payment, health care operations, and certain other disclosures. We will provide one accounting a year for free, but we will charge a reasonable, cost-based fee if you ask for another accounting within twelve (12) months.
6. Receive a paper copy of this notice, even if you have agreed to receive this notice electronically. Contact us using the information listed at the beginning of this notice to obtain a paper copy of this notice.
7. File a complaint if you feel we have violated your rights by contacting us using the information listed at the beginning of this notice. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to:

U.S. Department of Health and Human Services, Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201

You can also call 1 (877) 696-6775 or visit www.hhs.gov/ocr/privacy/hippa/complaints/. Filing a complaint will in no way affect the care provided to you by this organization.

8. Choose someone to act for you. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

USE AND DISCLOSURE OF YOUR HEALTH INFORMATION

The following section describes different ways that we use and disclose health information. For each kind of use or disclosure, we will explain what we mean and give an example. Not every use or disclosure will be listed. However, we have listed all of the different ways we are permitted to use and disclose health information. We will not use or disclose your health information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us at the address provided at the end of this notice.

1. **For Treatment:** We may use health information about you to provide you with medical treatment or services. We may use your health information to your care. We may disclose health information about you to doctors, nurses, technicians, or other people who are taking care of you. We may also share health information about you to other healthcare providers to assist them in treating you.
2. **For Payment:** We may use and disclose your health information for payment purposes. A bill may be sent to you or a third-party payer. The information on or accompanying a bill may include your health information.
3. **For Healthcare Operations:** We may use and disclose your health information for our healthcare operations. This might include measuring and improving quality, evaluating performance of employees, conducting training programs, and getting the accreditation, certificates, licenses and credentials we need to serve you.

ADDITIONAL USES AND DISCLOSURES

In addition to using and disclosing your health information for treatment, payment, and healthcare operations, we may disclose health information for the following purposes:

1. **Research:** We can use or share your information for health research where the research has been approved by a review board that has reviewed the research proposal and established protocols to ensure the privacy of health information.
2. **Medical Examiner, Coroner, and/or Funeral Director:** When a person has died, we can share their health information with a coroner, medical examiner, or funeral director to help them carry out their duties.
3. **Organ and Tissue Donation Requests:** We can share health information about you with organ procurement organizations.
Abuse, Neglect, or Domestic Violence: We may use and disclose health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence, or the possible victim of other crimes. We may share your health information if it is necessary to prevent a serious threat to your health or safety, or the health or safety of others. We may share health information when necessary to help law enforcement officials capture a person who may be part of a crime or has escaped from legal custody.
4. **Court Orders and Judicial and Administrative Proceedings:** We may disclose health information in response to a court or administrative order, subpoena, discovery request, or other lawful purpose, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may share your health information with law enforcement officials. We may share limited information with a law enforcement official concerning the health information of a suspect, fugitive, material

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witness, crime victim or missing person. We may share the health information of an inmate or other person in lawful custody with a law enforcement official or correctional institution under certain circumstances.

5. **Specialized Government Functions:** Subject to certain requirements, we may disclose or use health information for military personal and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations, and for government programs providing public benefits.
6. **Public Health Activities:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse and neglect. We may disclose your health information to persons subject to jurisdiction of the Food and Drug Administration. We may also, when we are authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition.
7. **Workers' Compensation:** We may disclose health information when authorized or necessary to comply with laws relating to workers' compensation or other similar programs.
8. **Health Oversight Activities:** We may disclose health information to an agency providing health oversight for oversight activities authorized by law, including audits, civil, administrative, or criminal investigations or proceedings, inspections, licensure or disciplinary actions, or other authorized activities.
9. **Law Enforcement:** Under certain circumstances, we may disclose health information to law enforcement officials. These circumstances include reporting required by certain laws (such as the reporting of certain type of wounds), pursuant to certain subpoenas or court orders, reporting limited information concerning identification and location at the request of a law enforcement official, reports regarding suspected victims of crimes at the request of a law enforcement official, reporting death, crimes on our premises, and crimes in emergencies.
10. **Appointment Reminders:** We may disclose health information for purposes of sending you appointment postcards or otherwise reminding you of your appointments.
11. **Marketing and Sale of Health Information:** Provided we do not receive any payment for making these communications, we may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments, therapies, health care providers or settings of care that may be of interest to you. We may similarly describe products or services provided by this practice and tell you which health plans this practice participates in. We may also encourage you to maintain a healthy lifestyle and get recommended tests, provide you with small gifts, tell you about government sponsored health programs or encourage you to purchase a product or service when we see you, for which we may be paid. We will not sell your health information without your prior written authorization. The authorization will disclose that we will receive compensation for your health information if you authorize us to sell it, and we will stop any future sales of your information to the extent that you revoke that authorization.
12. **Change of Ownership:** In the event that this dental practice is sold or merged with another organization, your dental information/record will become the property of the new owner, although you will maintain the right to request that copies of your dental information be transferred to another physician or practice.

USES AND DISCLOSURES OF HIGHLY CONFIDENTIAL INFORMATION

For certain kinds of health information, Federal and New York State Law may require enhanced privacy protection. These would include health information that is:

1. Maintained in psychotherapy notes.
2. About alcohol and drug abuse prevention, treatment, and referral.
3. About HIV/AIDS testing, diagnosis, and/or treatment.
4. About sexually transmitted diseases.
5. About genetic testing.

We will only disclose this type of specially protected health information with your prior written authorization except when specifically permitted or required by law.