

HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT

NOTICE OF PRIVACY PRACTICES

CARE FOR YOU 2, LLC

Dear Client;

Welcome to CARE FOR YOU 2, LLC. We wanted you to know that we are required by federal law to give you the following document. It is called a **Notice of Privacy Practices**. We are also required to have you sign our consent form because it contains written acknowledgement that you have received this document [the acknowledgement may be incorporated in other contents you are required to sign]. We realize this document is long so we have provided an index of this notice, which describes how we use and disclose medical information and how you can get access to this information. Please read it carefully.

By law we are required to:

- Make sure that medical information that identifies you is private;
- Give you notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

Thank you again for being our client. Please do not hesitate to contact us if you have any questions.

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NOTICE OF PRIVACY PRACTICES [NPP]

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.

I. WHO WILL FOLLOW THIS NOTICE

A. This notice describes CARE FOR YOU 2, LLC practices and that of:

- Any health care professional authorized to enter information in your record;
- Any member of our team we allow to assist in the receipt of services

II. OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that the medical information about you and your health is personal. We are committed to protect medical information about you. We create a record of the care and services you receive from CARE FOR YOU 2, LLC. We need this to provide you quality care and to comply with certain legal requirements.

III. HOW MAY WE USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information;

A. GENERAL USAGE

1. **For Better Caregiving:** Caregiving generally means the provision, coordination, or management of health care and related services among health care providers [respite care] or by a health care provider with a third party, consultation between a care provider regarding a client, or the referral of a client from one health care provider to another. We use medical information about you to provide you with appropriate services. We may disclose medical information about you to a doctor, nurse or other professionals who are involved in taking care of you.
2. **For Payment:** Payment encompasses the various activities of health care providers to obtain or to be reimbursed for their services and of a health plan to obtain premiums, to fulfill their coverage responsibilities and provide benefits under the plan and to obtain or provide reimbursement for the provision of health care [in our case, providing personal in home respite care]. We may use and need to disclose medical information about you so that services you receive may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your respite care plan services you receive from CARE FOR YOU 2, LLC so your health plan will pay for that service. We may also tell your health plan information about respite care services you are going to receive to obtain prior approval or to determine whether your plan will be covered. Adult day care is usually not covered.
3. **Phone Contacts:** We may also contact you by phone to provide care information, return your call, answer questions, obtain additional information on billing, or other related issues. If you are not in, we will only leave our name of our company [CARE FOR YOU 2, LLC] and our phone number, for confidentiality reasons.
4. **Email:** We may respond or contact you with email if you have consented to such (contacting us via email first constitutes tacit consent).
5. **Patient Information:** This information may include your name, your general condition and our agreed upon care plan we provide for you.
6. **Family and Friends Involved in Your Care or Payment for Your Care;** We may release medical information about you to a friend or a family member who is involved in your medical care plan. We may also give information to someone who helps pay for your care.
7. **Business Associates:** Certain aspects and components of our services are performed with persons such as auditing and legal services. In all

cases, we require these business associates to appropriately safeguard the privacy of your information.

8. **To Avert a Serious Threat to Health Safety:** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and the safety of the public or another person. Any disclosure, however, would only be to someone able to prevent the threat.
9. **As Required By Law:** We will disclose medical information about a client when required to do so by federal, state, or local law.

IV. YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you;

A. RIGHT TO INSPECT AND COPY: YOU HAVE THE RIGHT TO ISPECT AND COPY MEDICAL INFORMATION THAT MAY BE USED TO MAKE DECISIONS ABOUT YOUR CARE.

- To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. This fee is set by Ohio law.
- We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed care professional will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

B. RIGHT TO AMEND: If you feel that the medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept in our office.

To request an amendment, your request must be made in writing and submitted to CARE FOR YOU 2, LLC. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition we may deny your request if you ask us to amend information that:

1. Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
2. Is not part of the medical information kept by our office.
3. Is not part of the information which you would be permitted to inspect and copy; or
4. Is accurate and complete.

C. RIGHT TO THE ACCOUNTING OF DISCLOSURES:

YOU HAVE A RIGHT TO REQUEST AN “ACCOUNTING OF DISCLOSURES”.

D. RIGHT TO REQUEST RESTRICTIONS: You have the right to request a restriction or limitation on the medical information we use or disclose about your care plan or payment information. You also have the right to request a limit on the medical information we disclose about you to someone who is 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 do agree, we will comply with your request unless the information is needed to provide emergency treatment for you, such as 911. To request restrictions, you must request in writing to CARE FOR YOU 2, LLC. In your request you must tell us; (1) what information you want limited; (2) whether you want to limit use, disclosure, or both; and (3) to whom you want the limits to apply.

E. RIGHT TO A PAPER COPY OF THIS NOTICE: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

V. 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 medical information we already have about you as well as any information we receive in the future.

VI. CONTACTS

Contact the supervisors for CARE FOR YOU 2, LLC at 513-755-1202 if you have any questions about the notice or for further information.

VII. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office at 513-755-1202.

VIII. OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information, not covered by this notice or the laws that apply to us will be made only with your written permission to use or disclose medical information about you. You may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

ADOPTED BY CARE FOR YOU 2, LLC ON SEPT. 1 2006