



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW CLIENTS PRIVATE HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

It is Aaron's Home Care's policy that all protected health information, including demographic and contact data, collected and maintained by the company only be used as necessary for treatment, payment, and healthcare operations purposes; to comply with applicable law; as otherwise indicated in this notice; and as authorized by clients. Aaron's Home Care will attempt to mitigate, to the extent practicable, any harmful effects from its misuse or inappropriate disclosure of protected health information.

Pursuant to applicable federal and state laws, all client records shall be maintained for the required number of years from the date of last service rendered. The Director of the servicing Aaron's Home Care Office shall be responsible for maintaining custody and confidentiality of client records.

Uses and Disclosure of Protected Health Information

Aaron's Home Care may use and disclosure client's protected health information for treatment, payment, and healthcare operations purposes, as follows:

- *Treatment purposes:* to appropriate parties to ensure clients receive proper care.
 - For example, we may share protected health information with primary care providers or other treating physician(s), emergency transports, hospital emergency rooms, and referred caregivers.
- *Payment purposes:* to help referred caregivers receive payment for their services.
 - For example, we may share information with a long-term care insurance provider or other third-parties responsible for paying a client's bills. If clients pay out of pocket, in full, for care, they may request that protected health information related to that care be restricted from disclosure to health plans.
- *Healthcare operations purposes:* to assess and to improve our referral services.
 - For example, we may share information with an independent quality and client satisfaction surveyor who may contact clients to ask questions regarding the suitability of caregiver referrals and the quality of the services provided by us.
 - When we share a client's protected health information with a third-party business associate, such as an independent quality and client satisfaction surveyor, we will have a written contract with the third party requiring it to protect the privacy of disclosed protected health information.

We may use or disclose protected health information, without a client's written authorization or the opportunity for a client to agree or object, as follows:

- *To the extent required by law,* provided the use or disclosure complies with and is limited to the law's relevant requirements;
- *For public health activities,* including: to a public health authority for preventing or controlling disease, injury, or disability; for purposes related to the quality, safety or effectiveness of an FDA-regulated product or activity; to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; to an employer, about an individual who is a member of the

workforce of the employer; and to a school, about an individual who is a student or prospective student of the school;

- *About an individual whom we reasonably believe to be a victim of abuse, neglect, or domestic violence* to a public health authority or government authority, including a social service or protective services agency;
- *To a health oversight agency* for oversight activities authorized by law or necessary for appropriate oversight, including audits, investigations, inspections, and other actions;
- *In the course of any judicial or administrative proceeding*, if expressly authorized by a court or administrative tribunal order or in response to a subpoena, discovery request, or other lawful process;
- *For a law enforcement purpose* to a law enforcement official: if pursuant to process or as otherwise required by law; to identify or locate a suspect, fugitive, material witness, or missing person; about an individual who is or is suspected to be a victim of a crime; to alert law enforcement of a death, if we suspect the death resulted from criminal conduct; if we believe it constitutes evidence of criminal conduct on our premises; and in response to a medical emergency, if necessary to alert law enforcement to the commission and nature of a crime, the location or victim(s) of such crime, and the identity, description, and location of the perpetrator;
- *To a coroner or medical examiner* for the purpose of identifying a deceased person, determining a cause of death, or other duties;
- *To organ procurement organizations* or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating transplantation;
- *For research*, under certain conditions, regardless of the source of funding of the research;
- *To a person or persons reasonably able to prevent or lessen a serious and imminent threat* to the health or safety of a person or the public, including to the target of the threat, if we believe, in good faith, the use or disclosure is necessary, or to law enforcement authorities to identify or apprehend an individual;
- *For specialized government functions*, including: if you are Armed Forces personnel, activities deemed necessary by appropriate military command authorities to assure the proper execution of the military mission; to federal officials for lawful intelligence, counter-intelligence, and other national security activities, the provision of protective services to the President, foreign heads of state, or other authorized persons, or for certain investigations; and about an inmate or individual to a correctional institution or a law enforcement official having lawful custody of such inmate or other individual; and
- *As authorized by, and to comply with, laws relating to workers' compensation* or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

We may use or disclose a client's protected health information for the following purposes, provided that we inform them in advance of the use or disclosure and give them the opportunity to agree to or prohibit or restrict the use or disclosure. We may orally inform a client of and obtain his/her oral agreement or objection to these uses and disclosures.

- *Involvement with care or payment*: we may disclose to a family member, other relative, close personal friend, or any other person identified by the client, the protected health information directly relevant to such person's involvement with his/her health care or payment related to his/her health care.
- *Notification*: we may use or disclose a client's protected health information to notify, or assist in the notification of (including identifying or locating), a family member, his/her personal representative, or another person responsible for the client's care, of the client's location, general condition, or death.
- *Disaster Relief*: we may use or disclose a client's protected health information to entities authorized by law to assist in disaster relief efforts, for the purpose of coordinating notification as described above.

If a client present for, or available prior to, the uses and disclosures in the immediately preceding paragraph, we may only use or disclose his/her protected health information if: 1) we obtain his/her agreement, 2) we provide the client the opportunity to object and he/she does not object, or 3) we reasonably infer in our professional judgment that the client does not object. If the client is not present, or if the opportunity to agree or object cannot be provided because of his/her incapacity or an emergency, we will exercise our professional judgment to determine whether the disclosure is in the client's best interests and will disclose only the information directly relevant to the

person's involvement or needed for notification purposes. If a client is deceased, we may disclose protected health information relevant to a family member or other person who was involved in his/her care or payment for health care prior to the client's death, unless doing so is inconsistent with his/her prior expressed preference known to us.

Any uses or disclosures of a client's protected health information not listed above, or otherwise required by law, will be made only with the client's written authorization, which may be revoked in writing at any time. Upon receipt of his/her written revocation of an authorization, Aaron's Home Care will cease to use or disclose protected health information in the previously authorized manner. The written authorization requirement includes most uses and disclosures of psychotherapy notes, most uses and disclosures of protected health information for marketing purposes, and the sale of protected health information

Client Privacy Rights

Clients have the right to request restrictions on certain uses and disclosures of their protected health information. Aaron's Home Care is not required to agree to these requests.

Clients further have the right to:

- Request that communications of protected health information be received by alternative means or at alternative locations;
- Inspect and copy their protected health information;
- Amend his/her protected health information;
- Receive an accounting of the disclosures of protected health information; and
- Obtain a paper copy of this Notice of Privacy Practices.

Clients may exercise any of the above rights by contacting Aaron's Home Care in writing.

Clients also have the right to complain to Aaron's Home Care and to the Secretary of the Department of Health and Human Services if they believe their privacy rights have been violated..

Aaron's Home Care's Duties

Aaron's Home Care is required to:

- Maintain the privacy of client's protected health information;
- Provide clients with notice of our legal duties and privacy practices with respect to protected health information;
- Provide clients with access to an electronic copy of their protected health information, in the electronic form and format as requested, if it is readily producible, or, if not readily producible, in an electronic form and format as agreed to by Aaron's Home Care and the client; if a client declines to accept any of the electronic formats readily producible by Aaron's Home Care, we must provide the client a hard copy to fulfill his/her request; we may impose a reasonable cost-based fee to review the access request and to produce the electronic copy;

- Transmit a copy of protected health information, if requested, directly to another person designated by the client; such a request must be in writing, be signed by the client, and clearly identify the designated person and where to send the copy of the protected health information;
- Notify a client following a breach of his/her unsecured protected health information; and
- Abide by the terms of the Notice of Privacy Practices that is in effect.

Aaron's Home Care reserves the right to change the terms of this notice at any time and to immediately make the new notice provisions effective for all protected health information that it maintains. If the terms of this notice are materially changed, Aaron's Home Care will promptly provide clients with the revised notice by mail.

Effective Date

This revised notice is effective February 1, 2017.

Acknowledgement of Receipt

By signing below, I acknowledge that I have read and received a copy of this Notice of Privacy Practices.

Caregiver Signature

Print Caregiver Name

Date