

NOTICE OF PRIVACY PRACTICES

As required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996. (HIPAA)

THIS NOTICE WILL DESCRIBE HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN GAIN ACCESS TO YOUR INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY!

The terms of this notice apply to all records containing your personal information that is created or retained by Lando Inc./ Regional Home Health. A copy of our most current Privacy Notice will be posted in our office in a visible location at all times. We reserve the right to revise or amend the Privacy Notice. You may request a copy of the Privacy Notice at any time.

(A) YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION (PHI).

- 1) Confidential Communications - You have the right to request that our agency communicate with you about your health related issues in a particular manner or a certain location. Please make this request in writing to our Privacy Officer. We will accommodate all reasonable requests.
- 2) Restricted (PHI) - You have the right to request a restriction of your (PHI). This means that you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment, healthcare operation, or to family members who may be involved in your care. Lando Inc./Regional Home Health Agency is not required to agree to a restriction if we believe it is in your best interest to permit use and disclosure of your PHI.
- 3) Inspections and Copies of PHI - This means you have the right to inspect and obtain a copy of the PHI contained in your medical record. You must submit your request in writing to the Privacy Officer in order to inspect and/or obtain a copy of your medical record. A fee may be imposed for the costs of copying, mailing, labor, and supplies associated with your request.
- 4) PHI Amendments - This means you have the right to request an amendment of PHI about you in your medical record for as long as we maintain it. Your request must be made in writing, provide a valid reason for the requested amendment and submit it to the Privacy Officer. If we deny your request for an amendment, you have the right to file a statement of disagreement with us and we will prepare a rebuttal to your statement and will provide you a copy of the rebuttal.
- 5) Disclosures - You have the right to receive a list of disclosures of your PHI that we have made, if any that have occurred after April 14, 2003. To receive this information, submit your request in writing to the Privacy Officer.
- 6) Complaints - If you feel that Lando Inc./Regional Home Health has violated your rights you may file a complaint with the Secretary of Health and Human Services or us. If you wish to file a complaint with us notify our Privacy Officer. We will not retaliate for any complaint that is filed.
- 7) Privacy Notice - You have the right to receive a copy of this notice from us, even if you have agreed to accept this form electronically.

(B) USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI)

The following categories describe the different ways in which we may use and disclose your health information.

- 1) TREATMENT - We will use and disclose your PHI to provide, coordinate, or manage your healthcare and any related services. Employees of our agency may use or disclose your PHI in order to treat you or to assist others in your treatment. We may also disclose your PHI to those involved directly with your care such as spouses, children, or parents.
- 2) PAYMENT - We will use and disclose your PHI in order to bill and collect payments for the services and products you may receive from us. This can include activities that your health insurance plan may undertake before it approves or pays for the health care services, determining eligibility or coverage for insurance benefits, reviewing services provided for medical necessity, and/or undertaking utilization review activities.
- 3) HEALTH CARE OPERATIONS - We will use and disclose your PHI to operate our business. This includes but is not limited to, quality assessment activities, employee review activities, licensing, marketing, and for other business activities. We might also use or disclose your PHI to discuss with you information about other health related services and treatment alternatives.
- 4) DISCLOSURES REQUIRED BY LAW - We will use and disclose your PHI when we are required to do so by federal, state, or local law
- 5) RELEASE OF INFORMATION TO FAMILY /FRIENDS - We will use and disclose your PHI only to those friends or family members that are involved in your care or who assists in taking care of you.

(C) OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITH YOUR CONSENT/AUTHORIZATION OR OPPORTUNITY TO OBJECT.

We may use or disclose your PHI in the following instances. You do have the opportunity to agree or object to all or part of your PHI being used or disclosed. If you are not able to agree or object to the use or disclosure of your PHI, then Lando Inc./Regional Home Health will, using our professional judgement as to whether the disclosure is in your best interest. Only the PHI that is relevant to your healthcare will be used or disclosed.

- 1) OTHERS INVOLVED IN YOUR HEALTHCARE - Unless you object we will disclose your PHI to family, relatives, or friends only when that information is related to that person's direct involvement in your healthcare and only after you have had the opportunity to stop or limit the disclosure before it occurs.
- 2) EMERGENCIES - We may use or disclose your PHI in an emergency treatment situation. If and when this occurs we will attempt to obtain your consent as soon as possible after the delivery of treatment.
- 3) COMMUNICATON BARRIERS - We will use and disclose your PHI if attempts have been made to obtain your consent but are unable due to a substantial communication barrier and also that we determine by using our professional judgement that you intend to under the circumstances.

(D) THE FOLLOWING ARE DISCLOSURES THAT MAY BE MADE WITHOUT YOUR CONSENT, AUTHORIZATION, OR OPPORTUNITY TO OBJECT.

- 1) PUBLIC HEALTH - Our agency will use or disclose your PHI to public health authorities that are authorized by law to collect the information for the purposes of:
 - a. Maintaining vital records
 - b. Preventing or controlling disease, injury, or disability.
 - c. Notifying the appropriate government agency(ies) regarding the potential abuse or neglect of a client or patient.
- 2) HEALTH OVERSIGHT - Our agency will use or disclose your PHI for health oversight activities such as investigations, inspections, audits, surveys, licensure, disciplinary actions, civil, administrative, criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
- 3) ABUSE OR NEGLECT - Your PHI will be used or disclosed if we believe that you have been a victim of abuse, neglect, or domestic violence to the appropriate agency authorized to receive such information.
- 4) CORONERS and FUNERAL DIRECTORS - We will use and disclose your PHI to a coroner or funeral director in order for them to carry out and/or complete their duties.
- 5) RESEARCH - Under limited circumstances we will use and disclose your PHI for research purposes. We will obtain your written authorization for such a release except when: A) the disclosure was approved by an Institutional Review Board; B) we obtain the oral or written agreement of the researcher that the information will be used for research only; C) it is necessary for research study; D) the researcher will not remove the information from our facility; E) and/or after you have passed away that the information and research involved is about deceased clients only.
- 6) FOOD AND DRUG ADMINISTRATION - We will use or disclose your PHI to persons or companies required by the F.D.A. to report the adverse events, product defects, to enable product recalls or to conduct post marketing surveillance.

(E) OTHER USES AND DISCLOSURES

Lando Inc. /Regional Home Health may use or disclose your PHI to:

- 1) The U.S. military or to a foreign military for military purposes.
- 2) For the purposes of national security.
- 3) Federal officials to protect the President and others.
- 4) A prison, jail or law enforcement personnel if you are in custody.
- 5) Comply with workers' compensation laws or similar laws.

THIS NOTICE IS EFFECTIVE APRIL 14, 2003 AND STAYS IN EFFECT UNTIL IT IS REPLACED BY ANOTHER NOTICE. IF YOU HAVE ANY QUESTIONS, COMMENTS, OR REQUESTS PLEASE CONTACT OUR PRIVACY OFFICER AT 1-800-526-4873 OR 361-664-8118 AT REGIONAL HOME HEALTH AGENCY 16 S. JOHNSON ALICE, TEXAS 78332.