

Community Choice Home Care, Inc.

Notice of Privacy Practices

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.

Uses and Disclosures: We will use and disclose elements of your protected health information (PHI) in the following ways:

Without your signed authorization

- We will use your health information for treatment. For example: Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your health record his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. We will also provide your physician or a subsequent health care provider with copies of various reports that should assist him or her in treating you once you are discharged from this agency.
- We will use your health information for payment. For example: a bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.
- We will use your health information for regular health care operations. For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and services we provide.
- When release is required or permitted by law, including in judicial settings and to health oversight regulatory agencies and law enforcement.
- To outside companies that assist in operating our health services, including but not limited to, accounting auditing and other services provided by these "business associates."
- In emergency situations, public health activities and health oversight or to avert serious health/safety situations or report abuse and neglect.
- To medical examiners, coroners or funeral directors to aid in identifying you or to help them in performing their duties.
- To organ, tissue and other donation organizations, upon or proximate to your death, if we have no indication on hand about your donation preferences (or a positive indication).
- To a family member, relative or other involved in your health care or payment thereof, unless you object, which you have the right to do.
- To contact you about appointment reminders, treatment alternatives and other health related benefits and services.
- In fundraising for ourselves. If you wish to opt out of these fundraising contacts, or opt back in if you've opted out, you must call us at 740-574-9900 or email us at community.choice@midohio.twcbc.com
- To the sponsor of your health plan
- In use of electronic record and in the electronic exchange of health information.
- To disclose health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

- To disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.
- All other uses and disclosures by us will require us to obtain from you a written authorization in addition to any other permission you will provide us. For example, we need written authorization before we sell your PHI or in most instances, market a third party's services to you, if we're receiving remuneration for that marketing.

You have the following rights concerning your PHI:

Restrictions: To request restricted access to all or part of your PHI. To do this, contact the home care agency office. We are not required to grant your request unless the restriction is to not tell you insurance company about a treatment and you or someone on your behalf has paid out of pocket for that treatment in full contact the agency office.

Confidential communications: To receive correspondence of confidential information by alternate means or location. To do this, contact the home care agency office.

Access: To inspect or receive copies of your protected health information. To do this, contact the agency office.

Breach notification: To be notified in the event that we or one of our business associates discovers a breach of unsecured PHI involving your medical information.

Revocation of an authorization: To revoke an authorization you've provided contact the home care agency office.

Amendments: To request changes be made to your PHI. To do this, contact the agency office. We are not required to grant your request.

Accounting: To receive an accounting of the disclosures be us of your PHI in the seven years prior to your request. To do this, contact the agency office.

This notice: To get updates or reissue of this notice, at your request.

Complaints: To complain to us or the U.S. Dept. of Health and Human Services at 1-877-696-6775 if you feel your privacy rights have been violated. To register a complaint with us, contact the agency office. The law forbids us from taking retaliatory action against you if you complain.

Our duties: We are required by law to maintain the privacy of you PHI. We must abide by the terms of this notice or any update of this notice.

Privacy contact: We reserve the right to change the terms of this notice and make the new notice provisions effective for all protected health information that is maintain. Updates to the Notice of Privacy Practices shall be made available to the patient. For more information about our privacy practices or to file a complaint, please contact:

Leslie Cunningham, Administrator
Community Choice Home Care, Inc.
P.O. Box 148, 7318 Ohio River Road
Wheelersburg, OH 45694
740-574-9900

Effective Date: This notice is effective September 28, 2017

Updated: This notice updated February 2, 2018

Community Choice, LLC.

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- To disclose health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

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