

HIPAA Notification

Total Home Health Notice of Privacy Practices

As required by the Privacy Regulations Promulgated Pursuant to the Health Insurance Portability & Accountability Act of 1996 (HIPAA) This Notice Describes How Health Information About You May Be Used and Disclosed, and How You Can Get Access To Your Identifiable Health Information. Please Review This Notice Carefully and if you have any questions about this notice, please contact the HIPAA Privacy Officer at 855-931-9300.

Our Commitment to your Privacy

Our organization is dedicated to maintaining the privacy of your identifiable health information. In conducting our business, we will create records regarding you and the services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and privacy practices concerning your identifiable health information. By law, we must follow the terms of the notice of privacy practices that we have in effect at the time. The terms of this notice apply to all records containing your identifiable health information that are created or retained by our company. We reserve the right to revise or amend our Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records our office has created or maintained in the past, and for any of your records we may create or maintain in the future. Our company will post a copy of our current notice in our offices in a prominent location and will make a copy available on our website. You may request a copy of our most current notice during any store visit.

How We May Use and Disclose Health Information About You for Treatment

We may use health information about you to provide you with medical equipment, supplies, or prescriptions. We may disclose health information about you to doctors, therapists, technicians, office staff or other personnel who are involved in taking care of you and your health. For example, information obtained by a respiratory therapist or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. We may provide your physician or a subsequent healthcare provider with copies of various reports so they can help determine the most appropriate care for you. Different personnel in our office may share information about you and disclose information to people who do not work in our office in order to coordinate your care, such as phoning in an order to a supplier for custom equipment. Family members and other health care providers may be part of your medical care outside this office and may require information about you that we have.

For Payment

We may use and disclose health information about you so that the services you receive at this office may be billed to and payment may be collected from you, an insurance company or a third party such as a family member. For example, we may need to give your health plan information about a service you received here so your health plan will pay us or reimburse you for the service. We may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits). We may also

tell your health plan about a service you are going to receive to obtain prior approval, or to determine whether the plan will cover the treatment.

Health Care Operations

Our company may use and disclose your health information to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our company may use your health information to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our company.

Appointment/Delivery Reminders

Our company may use and disclose your health information to contact you and remind you of visits or deliveries.

Health-related Benefits and Services

Our company may use and disclose your health information to inform you of health-related benefits or services that may be of interest to you.

Release of Information to Family/Friends

We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you to the store and your treatment is being discussed. In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care. We may use our professional judgment and experience to make reasonable inferences that it is in your best interest to allow another person to act on your behalf to pick up, for example, supplies.

Use and Disclosure of Your Identifiable Health Information in Certain Special Circumstances to Avert a Serious Threat to Health or Safety

We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Required by Law

We will disclose health information about you when required to do so by federal state or local law.

Military, Veterans, National Security and Intelligence

Our company may disclose your health information if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate military command authorities. Our company may also disclose your health information to federal officials for intelligence and national security activities authorized by law.

Workers Compensation

Our company may release your health information for workers compensation or similar programs.

Public Health Risks

Our company may disclose your health information to public health authorities that are authorized by law to collect information for the purpose of:

- Reporting abuse & neglect.
- Preventing or controlling disease, injury or disability.
- Notifying a person regarding potential exposure to a communicable disease.
- Notifying a person regarding a potential risk for spreading or contracting a disease or condition.
- Reporting reactions to drugs or problems with products or devices.
- Notifying individuals if a product or device they may be using has been recalled.

Health Oversight Activities

Our company may disclose your health information to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and 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.

Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.

Law Enforcement

We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

Other Uses and Disclosures of Health Information

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written Authorization. If you give us Authorization to use or disclose health information about you, you may revoke that Authorization, in writing, at any time. If you revoke your Authorization, we will no longer use or disclose information about you for the reasons covered by your written Authorization, but we cannot take back any uses or disclosures already made with your permission.

Your Rights Regarding Health Information About You

You have the following rights regarding health information we maintain about you:

Right to Inspect and Copy

You have the right to inspect and copy your health information, such as medical and billing records, that we use to make decisions about your care. You must submit a written request to our HIPAA privacy officer in order to inspect and/or copy your health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. We may deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed. If such a review is required by law, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

Right to Amend

If you believe health 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 as long as the information is kept by this office. To request an amendment, your request must be made in writing and submitted to our HIPAA privacy officer at: 1707 N Randall Rd, Ste 100 Elgin, IL 60123.

You must provide us with a reason that supports your request for amendment. Our organization may deny your request if you ask us to amend information that is:

- Accurate and complete.
- Not part of the identifiable health information kept by or for the company.
- Not part of the identifiable information which you would be permitted to inspect and copy.
- Not created by our company, unless the person or entity that created the information is not available to amend the information.

Right to an Accounting of Disclosures

You have the right to request an “accounting of disclosures.” This is a list of certain disclosures our organization has made of your identifiable health information. In order to obtain an accounting of disclosures, you must submit your request to our HIPAA privacy officer. It must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our company may charge you for additional lists within the same 12-month period. We will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

Right to Request Restrictions

You have the right to request a restriction in our use or disclosure of your health information for treatment, payment or health care operations. Additionally, you have the right to request that we limit our disclosure of your health information to individuals involved in your care or the payment for your care, such as your family members or friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. To request restrictions, you may complete and submit a Request For Restriction On Use/Disclosure of Medical Information to our HIPAA privacy officer.

Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you may complete and submit the Request For Restriction On Use/Disclosure Of Medical Information And/Or Confidential Communication to our HIPAA privacy officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice

You are entitled to receive a paper copy of our Notice of Privacy Practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact our HIPAA Privacy Officer at: 847-904-6871.

Right to File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Office of Civil Rights. To file a complaint with our office, contact the HIPAA Privacy Officer, 847-904-6871. You will not be penalized for filing a complaint.