

## Notice of Privacy Practices

### 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.

If you have any questions about this notice, contact Third Act In-Home Care Compliance Department:

Third Act In-Home Care Compliance Department  
Attn: Compliance Officer  
467 Lake Howell Road  
Maitland, FL 32751  
(407) 821-3144

#### WHO WILL FOLLOW THIS NOTICE

This notice describes our nurse homemaker and companion services privacy practices and that of:

- Any health care professional authorized to enter information into your medical chart.

- All departments and units of Third Act In-Home Care.

- All employees, contractors and office personnel.

All individuals, sites and locations follow the terms of this notice. In addition, these individuals, sites and locations may share medical information with each other or with third party specialists for treatment, payment or office operations purposes described in this notice.

#### OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to medical information about you. Caregivers Third Act In-Home Care refers to you might create a record of the care and services they provided to you. This notice applies to all of the records of your care stored in our office.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the and disclosure of medical information.

We are required by law to:

- make sure that medical information stored with us that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with information about you; and
- follow the terms of the notice that is currently in effect.

#### HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. Not every use or disclosure in a category will be listed. However, all of the ways are permitted to use and disclose information will fall within one of the categories.

**For Treatment.** We may disclose medical information about you to Caregivers Third Act In-Home Care refers to you so they can take care of you. We also may disclose medical information about you to others who may be involved in your care, such as family members or others provided you have consented to such disclosure. These entities include physicians, hospitals, nursing homes, pharmacies or clinical labs.

**For Payment.** We may use and disclose medical information about you so that the treatment and 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 long term care insurance provider information about the care you received so your long term care insurance provider will pay the caregiver, a third party or

reimburse you for the services. We may also tell your long-term care insurance provider about a change in your care to determine whether your plan will cover the services.

**Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care provided you have consented to such disclosure. We may also give information to someone who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**As Required by Law.** We will disclose medical information about you when required to do so by federal, state or local law.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose medical 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. Any disclosure, however, would only be to someone able to help prevent the threat.

#### SPECIAL SITUATIONS

**Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement.** We may release medical information if asked to do so by the law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about clients of the office to funeral directors as necessary to carry out their duties.

#### YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

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

**Right to Inspect and Copy.** You have the right to inspect and/or receive a copy of your medical information that may be used to make decisions about your care. To inspect and/or receive a copy of medical information that may be used to make decisions about you, you must submit your request in writing to Third Act In-Home Care. If you request a copy of the information, we may charge a fee for the costs of copying and mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain limited circumstances.

**Right to Amend.** If you feel that medical information we have about 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 by or for our office.

To request an amendment, your request must be made in writing and submitted to your physician. 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:

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

**Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you. To request this list of accounting disclosures, you must submit your request in writing to the Third Act In-Home Care. Your request must state a time period which may not be longer than six years. The first list you request within a 12-month period will be free. For additional lists, we may charge you a fee for the costs of copying and mailing or other supplies associated with your request. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Restriction Request.** Individuals have the right to request that Third Act In-Home Care restrict use or disclosure of protected health information for treatment, payment or health care operations, disclosure to persons involved in the individual’s health care or payment for health care, or disclosure to notify family members or others about the individual’s general condition, location, or death. Third Act In-Home Care is under no obligation to agree to requests for restrictions. If Third Act In-Home Care does agree we will comply with the agreed restrictions, except for purposes of treating the individual in a medical emergency.

**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 must make your request in writing to the Third Act In-Home Care’s Director of Operations. 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 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. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

**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. We will post a copy of the current notice in the office. The notice will contain on the first page, in the top left hand corner, the effective date. In addition, each time you register we will offer you a copy of the current notice in effect.

**COMPLAINTS**

If you believe your privacy rights have been violated you may file a written complain with the Compliance Officer at Third Act In-Home Care at 467 Lake Howell Road Maitland, FL 32751, or with the Office of Civil Rights within the Department of Health and Human Services by visiting their website at [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints). All complaints must be submitted in writing.

**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. If you provide us 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.

Client Initials \_\_\_\_\_

Third Act In-Home Care Representative \_\_\_\_\_