



**AMBERCARE HOME HEALTHCARE.
NOTICE OF PRIVACY PRACTICES EFFECTIVE AUGUST 18, 2017**

**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.**

Ambercare Home Healthcare is committed to maintaining the confidentiality of all information it receives. The purpose of this notice is to inform you of how Ambercare may use and disclose your medical information, called Protected Health Information or “PHI,” and to describe your rights with respect to PHI. Ambercare is required by law to maintain the privacy of PHI, to provide you and other individuals with notice of Ambercare’s legal duties and privacy practices with respect to PHI and to notify affected individuals following a breach of unsecured PHI. Ambercare will abide by the terms set forth in this Notice. Your PHI may be stored electronically and may be disclosed electronically.

HOW WE USE OR DISCLOSE YOUR PHI

- 1. Treatment** – Ambercare may use and disclose PHI about you to provide you with home health and/or home care services and treatment. For example, information may be shared with members of our staff, your doctors, or health care facilities. We may also contact you about other health related benefits, services or treatments that may be available to you.
- 2. Payment** – Ambercare may use and disclose PHI for payment purposes. For example, Ambercare may disclose your PHI to obtain prior approval from an insurer before providing services to you and to bill and collect payment for the services we provided to you.
- 3. Health Care Operations** – Ambercare may use or disclose your PHI for our health care operations. For example, Ambercare may use your PHI for quality improvement, staff evaluation, or other operational purposes. Your name and address may be used to send out satisfaction surveys, or we may call you to remind you that our staff will be visiting you. We have business associates such as accountants, consultants and attorneys that provide some services for us. We have a written contract with them that requires them to protect the privacy of your PHI.
- 4. Individuals Involved in Your Care** – Unless you object, Ambercare may disclose PHI about you to a family member, other relative, close friend or any other person identified by you if they are involved in your care or payments related to your care. We may disclose PHI about you if they need to be notified of your location, general condition or death. If you are not present, you are incapacitated or there is an emergency, we may determine that it is in your best interest for us to disclose PHI that is directly relevant to a person’s involvement with your care.
- 5. As Required by Law**– Ambercare may use and disclose PHI about you as required by law. For example, we are required to disclose information about you to the U.S. Department of Health and Human Services if it requests the information to determine how we are complying with federal privacy law.
- 6. Public Health Activities**– Ambercare may use and disclose PHI about you for public health activities, including the collection of vital statistics, preventing disease and helping with product recalls.
- 7. Abuse, Neglect or Domestic Violence**– Ambercare may disclose PHI to appropriate agencies if we believe a service recipient has been the victim of abuse, neglect or domestic violence. Ambercare will only make this disclosure if you agree or when we are required or authorized to do so by law.
- 8. Health Oversight Activities**– Ambercare may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and licensure.
- 9. Lawsuits and Disputes**– Ambercare may disclose PHI about you in response to a court or administrative order. Ambercare may also disclose PHI about you in response to a subpoena, discovery request, or other lawful



process, but only if reasonable efforts have been made to tell you about the request or to obtain an order protecting the information requested.

10. Law Enforcement– Ambercare may disclose PHI to law enforcement for certain law enforcement purposes.

11. National Security and Intelligence Activities– Ambercare may disclose PHI about you to authorized federal officials for intelligence, counterintelligence, presidential protective services and other national security activities authorized by law. If you are a member of the armed forces, we may disclose information as required by military command authorities

12. Inmates– If you are an inmate of a correctional institution or under the custody of a law enforcement official, Ambercare may release PHI about you to the correctional institution or law enforcement official.

13. Deaths and Organ Donation– Ambercare may disclose PHI regarding deaths to coroners, medical examiners and funeral directors. Ambercare may use and disclose PHI to entities involved in procuring, banking and transplanting organs, eyes and tissues to assist with donation or transplantation.

14. Serious Threat to Health and Safety– Ambercare may use and disclose PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

15. Research– Ambercare may use and disclose PHI for research purposes if you authorize us to do so or if an institutional review board (IRB) has waived the authorization requirement. We may also review your health information to assist in the preparation of a research study.

16. Workers' Compensation– Ambercare may disclose PHI about you for Workers' Compensation or similar programs providing benefits for work-related injuries or illness as required by state law.

USES OR DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

Other uses and disclosures of PHI that are not listed above will be made only with your written authorization, which you may revoke at any time by notifying Our Designee in writing. If you revoke your authorization, Ambercare will no longer use or disclose PHI 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 authorization, and that we are required to retain our records of the care that we provided to you. Subject to compliance with limited exceptions, we will not use or disclose psychotherapy notes, use or disclose your PHI for marketing purposes, or sell your PHI, unless you have signed an authorization.

YOUR RIGHTS

You have the following rights with respect to your PHI:

Right to Request Restrictions - You have the right to ask us not to use/disclose your PHI for a particular reason related to treatment, payment or our operations. You may ask that family members or other individuals not be informed of specific PHI. Requests must be made in writing to Our Designee. We do not have to agree to your request, unless the disclosure is to a health plan for a payment or health care operations purpose and is not otherwise required by law, and the PHI relates solely to a health care item or service for which we have been paid out-of-pocket in full. If we agree to your request, we must keep the agreement, except in the case of a medical emergency. Either you or Ambercare can stop a restriction at any time.

Right to Receive Confidential Communications- You have the right to ask that we communicate with you by alternative means or at an alternative location. A request for confidential communications must be made in writing to Our Designee and must state how or when you would like to be contacted. We must agree with the request if it is reasonable.

Right to Inspect and Copy Your PHI - You have the right to request, inspect, and obtain a copy of your PHI or to direct us to send a copy of your PHI to another person designated by you. You must submit a request in



writing to Our Designee. We may charge a reasonable fee for the costs of copying, summarizing and/or mailing information to you. In most cases we will provide this access to you, or the person you designate, within 30 days of your request. We may deny your request under certain limited circumstances, and we will let you know in writing, if your request is denied. You may be able to request a review of our denial.

Right to Request Amendments to Your PHI - You have the right to request that we correct your PHI. You must submit your request for an amendment in writing to Our Designee, if you believe that any PHI in your record is incorrect or that important information is missing. We do not have to agree to your request. If we deny your request, we will tell you why within 60 days of receiving your request. You have the right to submit a statement disagreeing with our decision. We may deny a request if we determine that the information: (1) Was not created by us, unless you provide a reasonable basis to believe that the originator of the PHI is no longer available to act on the requested amendment; (2) Is not part of the medical information that we maintain about you; (3) Is in records that you are not allowed to inspect and copy; or (4) Is already accurate and complete.

Right To An Accounting of Disclosures of Health Information - You have a right to an accounting (a list) of disclosures we have made of your PHI for the six (6) years prior to your request. We are not required to include disclosures for treatment, payment or health care operations or certain other exceptions (such as disclosures you authorize). You are entitled to one free accounting in any twelve (12) month period and must submit a written request to Our Designee. We may charge you for the reasonable cost of providing additional accountings. We will notify you in advance if there is an additional charge.

Right To Obtain a Copy of the Notice - You have the right to request and get a paper copy of this notice, even if you have agreed to receive the notice electronically.

If you have given another individual a medical power of attorney, or if another individual is appointed as your legal guardian or is authorized by law to act on your behalf, that individual may exercise any of the rights listed above for you. We will confirm this individual has the authority to act on your behalf before we take any action.

CHANGES TO THIS NOTICE

Ambercare is required to abide by the terms of our notices that are currently in effect. Ambercare reserves the right to change this notice. Ambercare reserves the right to make the revised or changed notice effective for PHI we already have about you as well as any information we receive in the future. If we change our notice, Ambercare will provide a copy of the revised notice to you upon request. Ambercare will post a copy of the current notice on our website and have it on file at our offices.

COMPLAINTS

If you believe that your privacy rights have been violated, you may contact Our Designee at Ambercare Home Healthcare directly or the Secretary of the U.S. Department of Health and Human Services. You will not be retaliated against for reporting a violation of your privacy rights.

CONTACT PERSON:

If you have any questions, want more information, or wish to file a complaint with us, please contact by phone, or by mail:

**Ambercare Privacy Officer
Ambercare Home Healthcare
6801 Gaylord Parkway Suite 110, Frisco, TX 75034 Tel: 469.535.8200**