

HIPAA 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. If You Have Any Questions About This Notice, Please Contact Our Administrator.

Protected Health Information (PHI) is information, including demographic information, that may identify you and that relates to healthcare services provided to you, the payment of health care services provided to you, or your physical or mental health condition, in the past, present, or future. This Notice of Privacy Practices describes how we may use and disclose your PHI. As a provider of medical services we are required by Federal Law to maintain the privacy of PHI and to provide you with this notice of our legal duties and privacy practices.

PERMITTED USES & DISCLOSURES TREATMENT, PAYMENT, & HEALTH CARE OPERATIONS

Federal Law allows Community Care Services Hospice (CCS Hospice) to use and disclose PHI, for the purposes of treatment, payment and health care operations, without your consent or authorization. Examples of the uses and disclosures that we may make are listed below:

Treatment: Treatment refers to the provision and coordination of health care by a doctor, hospital or other health care provider.

Payment: Payment refers to paying claims for health care services you receive. For example, when your doctor sends a bill to your insurer, it includes information about your illness and treatment.

Health Care Operations: Health Care Operations refers to:

- Conducting quality assessment and improvement activities;
- Reviewing the competence, qualifications, and performance of healthcare professionals;
- Training health-care professional and others;
- Providing medical review, legal services, or auditing functions.

Examples of uses and disclosures for health care operations include using disclosing health information for case management activities and billing audits.

Other Uses and Disclosures Allowed Without Authorization

Federal Law also allows CCS Hospice to use and disclose PHI, without your consent or authorization, in the following ways:

- To you, as the covered individual.
- To a personal representative designated by you to receive PHI or a personal representative designated by law such as the parent or legal guardian of a child.
- To the Secretary of Health and Human Services (HHS) or any employee of HHS as part of an investigation to determine our compliance with HIPAA Privacy Rules.
- In response to a court order, subpoena, discovery request or other lawful judicial or administrative proceeding.
- As required for law enforcement purposes. For example, to notify authorities of a criminal act.
- As required to comply with Workers' Compensation or other similar programs established by law.

The examples of permitted uses and disclosures listed above are not provided as an all-inclusive list of the ways in which PHI may be used. They are provided to describe in general the types of uses and disclosures that may be made.

Other Uses and Disclosures

Other uses and disclosures of your PHI will only be made upon receiving your written authorization. You may revoke an authorization at any time by providing written notice to us that you wish to revoke an authorization. We will honor a request to revoke as of the day it is received and to the extent that we have not already used or disclosed your PHI in good faith with the authorization.

YOUR RIGHTS IN RELATION TO PROTECTED HEALTH INFORMATION

Right to Request Restrictions on Uses and Disclosures

You have the right to request that CCS Hospice limit its uses and disclosures of PHI to treatment, payment, and health care operations or not use or disclose your PHI for these reasons at all. You also have the right to request CCS Hospice restrict the use or disclosure of your PHI to family members or personal representatives. Any such request must be made

in writing to the Privacy Contact listed in this Notice and must state the specific restrictions requested and to whom that restriction would apply. CCS Hospice is not required to agree to a restriction that you request. However, if it does agree to the requested restriction, it may not violate that restriction except as necessary to allow the provision of emergency medical care to you.

Right to Receive Confidential Communications

You have the right to request that communications involving PHI be provided to you at an alternative location or by an alternative means of communications. CCS Hospice is required to accommodate any reasonable request if the normal method of disclosure would endanger you and the danger is stated in your request. Any such request must be made in writing to the Privacy Contact (the Administrator) listed in this Notice.

Right to Access Your Personal Health Information

You have the right to inspect and copy your PHI that is contained in a designated record set for as long as CCS Hospice maintains the PHI. Federal Law does prohibit you from having access to the following records: psychotherapy notes; information compiled in reasonable application of, or for use in civil, criminal or administrative action proceeding; and PHI that is subject to a law that prohibits access to that information. If your request for access is denied, you may have a right to have that decision reviewed. Request for access to your PHI should be directed to the Privacy Contact listed in this Notice.

Right to Amend Protected Health Information

You have the right to request that PHI in a designated record set be amended for as long as CCS Hospice maintains the PHI. CCS Hospice may deny your request for amendment if it determines that the PHI was not created by CCS Hospice, is not part of designated record set, is not information that is available for inspection, or that the PHI is accurate and complete. If your request for amendment is declined you have the right to have a statement of disagreement included with the PHI and CCS Hospice has a right to include a rebuttal to your statement, a copy of which will be provided to you. Request for amendment of your PHI should be directed to the Privacy Contact listed in this Notice.

Right to Receive an Accounting of Disclosures

You have the right to receive an accounting of all disclosures of your PHI that the plan has made, if any, for reasons other than disclosures for treatment, payment and health care operations, as described above, and disclosures made to you or your personal representative. Your right to an accounting of disclosures applies only to PHI created by CCS Hospice after April 14, 2003 and cannot exceed a period of six years prior to the date of your request. Request for an accounting of disclosures of your PHI should be directed to the Privacy Contact listed in this notice.

Right to Receive a Paper Copy of this Notice

You have the right to receive a paper copy of this notice upon admission to this health care agency.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with CCS Hospice or the Secretary of Health and Human Services. Complaints should be filed in writing with the Privacy Contact listed in this Notice. CCS Hospice will not retaliate against you for filing a complaint.

Privacy Contact: You may contact the Administrator, Laura Gambino, at (254) 445-4675 or email to laurag@ltsys.com or in writing to: 118 East Live Oak St. Dublin, TX 76446.