

SECTION III. Patient Rights and Responsibilities

As a home care provider, we have an obligation to protect your rights and explain these rights to you in a way you can understand before treatment begins or during the initial evaluation visit and on an ongoing basis, as needed. Your family or your guardian may exercise these rights for you in the event that you are not competent or able to exercise them for yourself.

YOUR RIGHTS

YOU HAVE THE RIGHT TO:

- Receive information about organization ownership and control.
- Have a relationship with our staff that is based on honesty and ethical standards of conduct and to have ethical issues addressed. You have the right to be informed of any financial benefit we receive if we refer you to another organization, service, individual or other reciprocal relationship.
- Be free from mistreatment, neglect, verbal, mental, sexual and physical abuse, including injuries of an unknown source and misappropriation of your property (exploitation). Any employee who suspects or has reasonable cause to believe that an adult has been abused, neglected or exploited shall make immediately, by phone or otherwise, an oral report to the county Department of Human Services of the county in which the abuse, neglect or exploitation is suspected of having or believed to have occurred. After making the report, the reporting person may file a written report with the county department. All verified violations will be reported to the state survey/certification agency and accreditation organizations, as applicable, within five (5) working days of becoming aware of the violation.
- Receive respect, personal dignity and to have cultural, psychosocial, spiritual and personal values, beliefs and preferences respected. You will not be discriminated against based on social status, political belief, sexual preference, race, color, religion, national origin, age, sex or handicap. Our staff is prohibited from accepting gifts or borrowing from you.
- Receive information in a manner that you can understand and have access to interpreters as indicated and necessary to ensure accurate communication.
- Lodge complaints and have your complaints as well as your family or your guardian's complaints heard, reviewed and, if possible, resolved regarding treatment or care that is (or fails to be) furnished or regarding the lack of respect for property by anyone who is furnishing services on behalf of the organization. You also have the right to know about the results of such complaints. The organization must document both the existence of a complaint and the resolution of the complaint. Our complaint resolution process is explained in our Problem Solving Procedure.
- Voice grievances without fear of coercion, discrimination, reprisal or an unreasonable interruption in care, treatment or services for doing so.

- Be advised when you are accepted for treatment or care of the availability of the state's toll-free home care hotline number, its purpose and hours of operation. The hotline receives complaints or questions about local home care agencies and is also used to lodge complaints concerning the implementation of the advance directives requirements. The hotline can be reached at **1-800-882-6006** and operates from 8:00 a.m. to 5:00 p.m., Monday through Friday (except holidays). Voicemail is available 24 hours a day. If voicemail answers, please leave a message and your call will be returned. You may submit your complaint in writing to Michigan Department of Licensing and Regulatory Affairs, Bureau of Health Care Services, Division of Licensing and Certification, Complaint Investigation Unit, P.O. Box 30664, Lansing, MI 48909.

DECISION MAKING - YOU HAVE THE RIGHT TO:

- Choose your health care providers and communicate with those providers.
- Be informed in advance about the care that is to be furnished, name(s) and responsibilities of staff members who are providing and responsible for your care, treatment or services, the planned frequency of visits proposed to be furnished, expected and unexpected outcomes, potential risks or problems and barriers to treatment.
- Actively participate in planning your care, treatment and services; and to participate in changing the plan whenever possible and to the extent that you are competent to do so.
- Be advised of any change in your plan of care before the change is made.
- Have family involved in decision making as appropriate concerning your care, treatment and services, when approved by you or your surrogate decision maker and when allowed by law.
- Participate or refuse to participate in research, investigational or experimental studies or clinical trials. Your access to care, treatment and services will not be affected if you refuse or discontinue participation in research.
- Formulate advance directives and receive written information about the agency's policies and procedures on advance directives, including a description of applicable state law before care is provided. You will be informed if we cannot implement an advance directive on the basis of conscience.
- Have your wishes concerning end-of-life decisions addressed and to have health care providers comply with your advance directives in accordance with state laws. You have the right to receive care without conditions or discrimination based on the execution of advance directives.
- Accept, refuse or discontinue care, treatment and services without fear of reprisal or discrimination. You may refuse part or all of care/services to the extent permitted by law; however, should you refuse to comply with the plan of care and your refusal threatens to compromise our commitment to quality care, then we or your physician may be forced to discharge you from our services and refer you to another source of care.

PRIVACY AND SECURITY - YOU HAVE THE RIGHT TO:

- Receive personal privacy and security during home care visits and to have your property treated with respect.

- Request identification from all agency representatives providing your care.
- Have confidentiality of written, verbal and electronic information including your medical records, information about your health, social and financial circumstances or about what takes place in your home.
- Refuse filming or recording or revoke consent for filming or recording of care, treatment and services for purposes other than identification, diagnosis or treatment.
- Access, request changes to and receive an accounting of disclosures regarding your own protected health information as permitted by law.
- Request us to release information written about you only as required by law or with your written authorization and to be advised of our policies and procedures regarding accessing and/or disclosure of clinical records. Our Notice of Privacy Practices describes your rights in detail.

FINANCIAL INFORMATION - YOU HAVE THE RIGHT TO:

- Be advised orally and in writing before care is initiated of our billing policies and payment procedures and the extent to which payment may be expected from Medicare, Medicaid, any other federally funded or aided program or any other sources known to us; charges for services that will not be covered by Medicare; and the charges that you may have to pay.
- Be advised orally and in writing of any changes in payment, charges and patient payment liability as soon as possible when they occur but no later than 30 calendar days from the date that we become aware of a change.
- Have access to all bills, upon request, for the services you have received regardless of whether the bills are paid out-of-pocket or by another party.

QUALITY OF CARE - YOU HAVE THE RIGHT TO:

- Receive care of the highest quality.
- Have a pain assessment and pain management and to receive education about your role and your family's role in managing pain when appropriate, as well as potential limitations and side effects of pain treatments.
- Be admitted only if we can provide the care you need. A qualified staff member will assess your needs. If you require care or services that we do not have the resources to provide, we will inform you and refer you to alternative services, if available; or admit you, but only after explaining our limitations and the lack of a suitable alternative.
- Receive emergency instructions and be told what to do in case of an emergency.
- File a written complaint with the state's QIO about the quality of care you are receiving or have received. The Michigan Peer Review Organization (MPRO) address is as follows:

22670 Haggerty Rd., Suite 100
 Farmington Hills, MI 48335
 Telephone: (248) 465-7300
 Fax: (248) 465-7428
 Website: www.mpro.org

YOUR RESPONSIBILITIES

YOU HAVE THE RESPONSIBILITY TO:

- Provide complete and accurate information to the best of your knowledge about your present complaints and past illness(es), hospitalizations, medications, allergies and other matters relating to your health.
- Remain under a doctor's care while receiving skilled agency services.
- Notify us of perceived risks or unexpected changes in your condition (e.g., hospitalization, changes in the plan of care, symptoms to be reported, pain, homebound status or change of physician).
- Follow the plan of care and instructions and accept responsibility for the outcomes if you do not follow the care, treatment or service plan.
- Ask questions when you do not understand about your care, treatment and service or other instruction about what you are expected to do. If you have concerns about your care or cannot comply with the plan, let us know.
- Report and discuss pain, pain relief options and your questions, worries and concerns about pain medication with staff or appropriate medical personnel.
- Tell us if your visit schedule needs to be changed due to medical appointment, family emergencies, etc.
- Tell us if you are receiving services from another Medicare Certified agency at the same time that you are receiving services from our agency.
- Tell us if your Medicare or other insurance coverage changes or if you decide to enroll in a Medicare, a private HMO (Health Maintenance Organization) or hospice.
- Promptly meet your financial obligations and responsibilities agreed upon with the agency.
- Adhere to the agency's policies and procedures.
- Tell us if you have an advance directive or if you change your advance directive.
- Tell us of any problems or dissatisfaction with the services provided.
- Provide a safe and cooperative environment for care to be provided (such as keeping pets confined, putting away weapons or not smoking during your care).
- Show respect and consideration for agency staff and equipment.
- Carry out mutually agreed-upon responsibilities.

Home Health Agency
Outcome and Assessment Information Set (OASIS)
STATEMENT OF PATIENT PRIVACY RIGHTS *(Medicare/Medicaid)*

As a home health patient, you have the privacy rights listed below.

- **You have the right to know why we need to ask you questions.**
We are required by law to collect health information to make sure:
 - 1) you get quality health care, and
 - 2) payment for Medicare and Medicaid patients is correct.
- **You have the right to have your personal health care information kept confidential.**
You may be asked to tell us information about yourself so that we will know which home health services will be best for you. We keep anything we learn about you confidential. This means, only those who are legally authorized to know, or who have a medical need to know, will see your personal health information.
- **You have the right to refuse to answer questions.**
We may need your help in collecting your health information. If you choose not to answer, we will fill in the information as best we can. You do not have to answer every question to get services.
- **You have the right to look at your personal health information.**
 - We know how important it is that the information we collect about you is correct. If you think we made a mistake, ask us to correct it.
 - If you are not satisfied with our response, you can ask the Centers for Medicare & Medicaid Services, the federal Medicare and Medicaid agency, to correct your information.

You can ask the Centers for Medicare & Medicaid Services to see, review, copy, or correct your personal health information which that Federal agency maintains in its HHA OASIS System of Records. See the back of this Notice for CONTACT INFORMATION.
If you want a more detailed description of your privacy rights, see the back of this Notice: **PRIVACY ACT STATEMENT - HEALTH CARE RECORDS.**

NOTICE ABOUT PRIVACY
For Patients Who DO NOT Have Medicare or Medicaid Coverage

- **As a home health patient, there are a few things that you need to know about our collection of your personal health care information.**
 - Federal and State governments oversee home health care to be sure that we furnish quality home health care services, and that you, in particular, get quality home health care services.
 - We need to ask you questions because we are required by law to collect health information to make sure that you get quality health care services.
 - We will make your information anonymous. That way, the Centers for Medicare & Medicaid Services, the federal agency that oversees this home health agency, cannot know that the information is about you.
- **We keep anything we learn about you confidential.**

This is a Medicare & Medicaid Approved Notice



PRIVACY ACT STATEMENT - HEALTH CARE RECORDS

THIS STATEMENT GIVES YOU ADVICE REQUIRED BY LAW (the Privacy Act of 1974).

THIS STATEMENT IS NOT A CONSENT FORM. IT WILL NOT BE USED TO RELEASE OR TO USE YOUR HEALTH CARE INFORMATION.

I. AUTHORITY FOR COLLECTION OF YOUR INFORMATION, INCLUDING YOUR SOCIAL SECURITY NUMBER, AND WHETHER OR NOT YOU ARE REQUIRED TO PROVIDE INFORMATION FOR THIS ASSESSMENT. Sections 1102(a), 1154, 1861(o), 1861(z), 1863, 1864, 1865, 1866, 1871, 1891(b) of the Social Security Act.

Medicare and Medicaid participating home health agencies must do a complete assessment that accurately reflects your current health and includes information that can be used to show your progress toward your health goals. The home health agency must use the "Outcome and Assessment Information Set" (OASIS) when evaluating your health. To do this, the agency must get information from every patient. This information is used by the Centers for Medicare & Medicaid Services (CMS, the federal Medicare & Medicaid agency) to be sure that the home health agency meets quality standards and gives appropriate health care to its patients. You have the right to refuse to provide information for the assessment to the home health agency. If your information is included in an assessment, it is protected under the federal Privacy Act of 1974 and the "Home Health Agency Outcome and Assessment Information Set" (HHA OASIS) System of Records. You have the right to see, copy, review, and request correction of your information in the HHA OASIS System of Records.

II. PRINCIPAL PURPOSES FOR WHICH YOUR INFORMATION IS INTENDED TO BE USED

The information collected will be entered into the Home Health Agency Outcome and Assessment Information Set (HHA OASIS) System No. 09-70-9002. Your health care information in the HHA OASIS System of Records will be used for the following purposes:

- support litigation involving the Centers for Medicare & Medicaid Services;
- support regulatory, reimbursement, and policy functions performed within the Centers for Medicare & Medicaid Services or by a contractor or consultant;
- study the effectiveness and quality of care provided by those home health agencies;
- survey and certification of Medicare and Medicaid home health agencies;
- provide for development, validation, and refinement of a Medicare prospective payment system;
- enable regulators to provide home health agencies with data for their internal quality improvement activities;
- support research, evaluation, or epidemiological projects related to the prevention of disease or disability, or the restoration or maintenance of health, and for health care payment related projects; and
- support constituent requests made to a Congressional representative.

III. ROUTINE USES

These "routine uses" specify the circumstances when the Centers for Medicare & Medicaid Services may release your information from the HHA OASIS System of Records without your consent. Each prospective recipient must agree in writing to ensure the continuing confidentiality and security of your information. Disclosures of the information may be to:

1. the federal Department of Justice for litigation involving the Centers for Medicare & Medicaid Services;
2. contractors or consultants working for the Centers for Medicare & Medicaid Services to assist in the performance of a service related to this system of records and who need to access these records to perform the activity;
3. an agency of a State government for purposes of determining, evaluating, and/or assessing cost, effectiveness, and/or quality of health care services provided in the State; for developing and operating Medicaid reimbursement systems; or for the administration of Federal/State home health agency programs within the State;
4. another Federal or State agency to contribute to the accuracy of the Centers for Medicare & Medicaid Services' health insurance operations (payment, treatment and coverage) and/or to support State agencies in the evaluations and monitoring of care provided by HHA's;
5. Quality Improvement Organizations, to perform Title XI or Title XVIII functions relating to assessing and improving home health agency quality of care;
6. an individual or organization for a research, evaluation, or epidemiological project related to the prevention of disease or disability, the restoration or maintenance of health, or payment related projects;
7. a congressional office in response to a constituent inquiry made at the written request of the constituent about whom the record is maintained.

IV. EFFECT ON YOU, IF YOU DO NOT PROVIDE INFORMATION

The home health agency needs the information contained in the Outcome and Assessment Information Set in order to give you quality care. It is important that the information be correct. Incorrect information could result in payment errors. Incorrect information also could make it hard to be sure that the agency is giving you quality services. **If you choose not to provide information, there is no federal requirement for the home health agency to refuse you services.**

NOTE: This statement may be included in the admission packet for all new home health agency admissions. Home health agencies may request you or your representative to sign this statement to document that this statement was given to you. **Your signature is NOT required.** If you or your representative sign the statement, the signature merely indicates that you received this statement. You or your representative must be supplied with a copy of this statement.

CONTACT INFORMATION

If you want to ask the Centers for Medicare & Medicaid Services to see, review, copy, or correct your personal health information that the Federal agency maintains in its HHA OASIS System of Records:

Call 1-800-MEDICARE, toll free, for assistance in contacting the HHA OASIS System Manager.
TTY for the hearing and speech impaired: 1-877-486-2048.

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

**“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.”**

Our agency is required by law to maintain the privacy of protected health information, to provide you adequate notice of your rights and our legal duties and privacy practices with respect to protected health information and to notify affected individuals following a breach of unsecured protected health information. [45 CFR § 164.520] We will use or disclose protected health information in a manner that is consistent with this notice.

The agency maintains a record (paper/electronic file) of the information we receive and collect about you and of the care we provide to you. This record includes physicians' orders, assessments, medication lists, clinical progress notes and billing information.

As required by law, the agency maintains policies and procedures about our work practices, including how we coordinate care and services provided to our patients. These policies and procedures include how we create, receive, access, transmit, maintain and protect the confidentiality of all health information in our workforce and with contracted business associates and/or subcontractors; security of the agency building and electronic files; and how we educate staff on privacy of patient information.

As our patient, information about you must be used and disclosed to other parties for purposes of **treatment, payment and health care operations**. Examples of information that must be disclosed:

- **Treatment:** Providing, coordinating or managing health care and related services, consultation between health care providers relating to a patient or referral of a patient for health care from one provider to another. For example, we meet on a regular basis to discuss how to coordinate care for patients and to schedule visits.
- **Payment:** Billing and collecting for services provided, determining plan eligibility and coverage, utilization review (UR), precertification, medical necessity review. For example, occasionally the insurance company requests a copy of the medical record be sent to them for a coverage review prior to paying the bill.
- **Health Care Operations:** General agency administrative and business functions, quality assurance/improvement activities; medical review; auditing functions; developing clinical guidelines; determining the competence or qualifications of health care professionals; evaluating agency performance; conducting training programs with students or new employees; licensing, survey, certification, accreditation and credentialing activities; internal auditing; and certain fundraising activities and with your authorization, marketing activities. For example, our agency periodically holds clinical record review meetings where the consulting professional of our record review committee will audit clinical records for meeting professional standards and utilization review.

The following uses and disclosures do not require your consent, and include, but are not limited to, a release of information contained in financial records and/or medical records, including information concerning communicable diseases such as Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS), drug/alcohol abuse, psychiatric diagnosis and treatment records and/or laboratory test results, medical history, treatment progress and/or any other related information as permitted by state law to:

1. Your insurance company, self-funded or third-party health plan, Medicare, Medicaid or any other person or entity that may be responsible for paying or processing for payment any portion of your bill for services;
2. Any person or entity affiliated with or representing us for purposes of administration, billing and quality and risk management;
3. Any hospital, nursing home or other health care facility to which you may be admitted;
4. Any assisted living or personal care facility of which you are a resident;
5. Any physician providing you care;
6. Licensing and accrediting bodies, including the information contained in the OASIS Data Set to the state agency acting as a representative of the Medicare/Medicaid program;
7. Contact you to raise funds for the agency; you will be given the right to opt out of receiving such communications;
8. Any business associate or institutionally related foundation for the purpose of raising funds for the agency (information may include: demographics – name, address, contact information, age, gender, date of birth; dates of health care provided; department of services; treating physician; outcome information; and health insurance status). You will be given the right to opt out;
9. Refill reminders for drugs, biologicals and/or drug delivery systems that have already been prescribed to you;
10. Marketing communications promoting health products, services and information if the communication is made face to face with you or the only financial gain consists of a promotional gift of nominal value provided by the agency; and
11. Other health care providers to initiate treatment.

We are permitted to use or disclose information about you without consent or authorization in the following circumstances:

1. In **emergency treatment situations**, if we attempt to obtain consent as soon as practicable after treatment;
2. Where **substantial barriers to communicating with you** exist and we determine that the consent is clearly inferred from the circumstances;
3. Where we are **required by law** to provide treatment and we are unable to obtain consent;
4. Where the use or disclosure of medical information about you **is required by federal, state or local law**;

5. To provide information **to state or federal public health authorities**, as required by law to: prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify persons of recalls of products they may be using; notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence (if you agree or when required or authorized by law);
6. **Health care oversight activities** such as audits, investigations, inspections and licensure by a government health oversight agency as authorized by law to monitor the health care system, government programs and compliance with civil rights laws;
7. **To business associates** regulated under HIPAA that work on our behalf under a contract that requires appropriate safeguards of protected health information;
8. **Certain judicial administrative proceedings** in response to a court or administrative order, 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 from the Court protecting the information requested;
9. **Certain law enforcement purposes** such as helping to determine whether a crime has occurred, to alert law enforcement to a crime on our premises or of your death if we suspect it resulted from criminal conduct, identify or locate a suspect, fugitive, material witness or missing person, or to comply with a court order or subpoena and other law enforcement purposes;
10. **To coroners, medical examiners and funeral directors**, in certain circumstances, for example, to identify a deceased person, determine the cause of death or to assist in carrying out their duties;
11. **For cadaveric organ, eye or tissue donation purposes** to communicate to organizations involved in procuring, banking or transplanting organs and tissues (e.g., if you are an organ donor);
12. **For certain research purposes** under very select circumstances. We may use your health information for research. Before we disclose any of your health information for such research purposes, the project will be subject to an extensive approval process. We will usually request your written authorization before granting access to your individually identifiable health information;
13. **To avert a serious threat to health and safety**: To prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public, such as when a person admits to participation in a violent crime or serious harm to a victim or is an escaped convict. Any disclosure, however, would only be to someone able to help prevent the threat;
14. **For specialized government functions**, including military and veterans' activities, national security and intelligence activities, protective services for the President, foreign heads of state and others, medical suitability determinations, correctional institution and custodial situations; and
15. **For Workers' Compensation purposes**: Workers' Compensation or similar programs provide benefits for work-related injuries or illness.

We are permitted to use or disclose information about you provided you are informed in advance and given the opportunity to individually agree to, prohibit, opt out or restrict the disclosure in the following circumstances:

1. Use of a directory (includes name, location, condition described in general terms) of individuals served by our agency;
2. Provide proof of immunization to a school that is required by state or other law to have such proof with agreement to disclosure by parent, guardian or other person acting in loco parentis if record is of an unemancipated minor; and
3. Provide a family member, relative, friend or other identified person, prior to, or after your death, the information relevant to such person's involvement in your care or payment for care; to notify a family member, relative, friend or other identified person of your location, general condition or death.

Other uses and disclosures not covered in this notice will be made only with your authorization. Authorization may be revoked, in writing, at any time, except in limited situations for the following disclosures:

1. Marketing of products or services or treatment alternatives that may be of benefit to you when we receive direct payment from a third party for making such communications;
2. Psychotherapy notes under most circumstances, if applicable; and
3. Any sale of protected health information resulting in financial gain by the agency unless an exception is met.

YOUR RIGHTS - You have the right, subject to certain conditions, to:

- **Request restrictions on uses and disclosures of your protected health information** for treatment, payment or health care operations. However, we are not required to agree to any requested restriction. Restrictions to which we agree will be documented. Agreements for further restrictions may, however be terminated under applicable circumstances (e.g., emergency treatment).

We must agree to your request to restrict disclosure of protected health information about you to a health plan if: 1) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and 2) the protected health information pertains solely to a health care item or service for which you or someone on your behalf paid the covered entity in full. (164.522 Rights to request privacy protection for protected health information).

- **Confidential communication of protected health information.** We will arrange for you to receive protected health information by reasonable alternative means or at alternative locations. Your request must be in writing. We do not require an explanation for the request as a condition of providing communications on a confidential basis and will attempt to honor reasonable requests for confidential communications.

If you request your protected health information to be transmitted directly to another person designated by you, your written request must be signed and clearly identify the designated person and where the copy of protected health information is to be sent.

- **Inspect and obtain copies of protected health information** that is maintained in a designated record set, except for psychotherapy notes, information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding, or protected health information that may not be disclosed under the Clinical Laboratory Improvements Amendments of 1988 [42 USC § 263a and 45 CFR § 493 (a)(2)]. If you request a copy of your health information, we will charge a reasonable, cost-based fee that includes only the cost of labor for copying, supplies and postage, if applicable, in accordance with applicable state and federal regulations.

If the requested protected health information is maintained electronically and you request an electronic copy, we will provide access in an electronic format you request, if readily producible, or if not, in a readable electronic form and format mutually agreed upon.

If we deny access to protected health information, you will receive a timely, written denial in plain language that explains the basis for the denial, your review rights and an explanation of how to exercise those rights. If we do not maintain the medical record, we will tell you where to request the protected health information.

- **Request to amend protected health information** for as long as the protected health information is maintained in the designated record set. A request to amend your record must be in writing and must include a reason to support the requested amendment. We will act on your request within sixty (60) days of receipt of the request. We may extend the time for such action by up to 30 days, if we provide you with a written explanation of the reasons for the delay and the date by which we will complete action on the request.

We may deny the request for amendment if the information contained in the record was not created by us, unless you provide a reasonable basis for believing the originator of the information is no longer available to act on the requested amendment; is not part of the designated medical record set; would not be available for inspection under applicable laws and regulations; or the record is accurate and complete. If we deny your request for amendment, you will receive a timely, written denial in plain language that explains the basis for the denial, your rights to submit a statement disagreeing with the denial and an explanation of how to submit that statement.

- **Receive an accounting of disclosures of protected health information** made by our agency for up to six (6) years prior to the date on which the accounting is requested for any reason other than for treatment, payment or health operations and other applicable exceptions. The written accounting includes the date of each disclosure, the name/address (if known) of the entity or person who received the protected health information, a brief description of the information disclosed and a brief statement of the purpose of the disclosure or a copy of the written request for disclosure. We will provide the accountings within 60 days of receipt of a written request. However, we may extend the time period for providing the accounting by 30 days if we provide you with a written statement of the reasons for the delay and the date by which you will receive the information. We will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

- **Receive notification of any breach in the acquisition, access, use or disclosure** of unsecured protected health information by the agency, its business associates and/or subcontractors.
- **Obtain a paper copy of this notice**, even if you had agreed to receive this notice electronically, from us upon request.

COMPLAINTS - If you believe that your privacy rights have been violated, you may complain to the agency or to the Secretary of the U.S. Department of Health and Human Services. There will be no retaliation against you for filing a complaint. The complaint should be filed in writing, and should state the specific incident(s) in terms of subject, date and other relevant matters. A complaint to the Secretary must be filed in writing within 180 days of when the act or omission complained of occurred, and must describe the acts or omissions believed to be in violation of applicable requirements. [45 CFR § 160.306] For further information regarding filing a complaint, contact:

John Paul Home Care, Inc.
Privacy Officer
30600 Telegraph Road Suite 2370
Bingham Farms, MI 48025
Phone: 1-866-423-6552

EFFECTIVE DATE - This notice is effective May 8, 2013. We are required to abide by the terms of the notice currently in effect, but we reserve the right to change these terms as necessary for all protected health information that we maintain. If we change the terms of this notice (while you are receiving service), we will promptly revise and distribute a revised notice to you as soon as practicable by mail, email (if you have agreed to electronic notice), hand delivery or by posting on our website.

If you require further information about matters covered by this notice, please contact:

John Paul Home Care, Inc.
Privacy Officer
30600 Telegraph Road Suite 2370
Bingham Farms, MI 48025
Phone: 1-866-423-6552