

NOTICE OF HOME CARE 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.

USE AND DISCLOSURE OF HEALTH INFORMATION

Nurses & Company (the Agency) will use and disclose elements of your protected health information (PHI) as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, for purposes of providing you treatment, obtaining payment for your care and conducting health care operations.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED:

- Treatment (i.e., coordinating care with your physician, disclosing information to family members.)
- Payment (i.e., health insurance provider may require health care information to reimburse the agency.)
- Health care operations (i.e., quality assessment and improvement activities, accreditation, certification, licensing or credentialing activities.)
- When release is required by law, including in judicial settings and to health oversight regulatory agencies and law enforcement.
- In emergency situations or to avert serious health/safety situations.
- To medical examiners, coroners or funeral directors to aid in identifying you or to help them in performing their duties.
- To organ, tissue and other donations organization, upon or proximate to your death, if we have no indication on hand about your donation preferences.
- In the event of a serious threat to health or safety.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than is stated above, the Agency will not disclose your health information other than with your written authorization. If you or your representative authorizes the Agency to use or disclose your health information, you may revoke that authorization in writing at any time.

For your protection Nurses & Company will request a security password for third parties, including family members, to inquire about your medical condition.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the right to be notified of our duties to protect the privacy of your medical information and any revision to our privacy policies. You may request restriction on the use or disclosure of

your medical information, have the right to review your own medical information, may amend the medical information as to factual issues, and may receive a copy of the list of disclosures we have made for purposes other than payment, treatment or when it has been used for our own operations in compliance with current regulations. Patients have the right to opt out of releasing protected health information for fundraising purposes. Patients have the right to withhold information from their insurance carriers when paying for services out of pocket. You have the right to receive confidential communication, the right to an accounting, and the right to receive a paper copy of this notice. If you believe that your rights to privacy have been violated you may submit your complaint in writing to Nurses & Company or to the office of the Secretary of the U.S. Department of Health and Human Services. The law forbids us from taking retaliatory action against you if you complain.

OUR DUTIES

We are required by law to maintain the privacy of your PHI. We must abide by the terms of this notice or any update of this notice.

PRIVACY CONTACT

For more information about our privacy practices or to report a privacy rights violation, please contact:

Director of Operations or Quality Improvement Designee

Phone: (636) 926-3722

Address: 115 Piper Hill Drive, Suite 200
St. Peters, Missouri, 63376

EFFECTIVE DATE

This Notice is effective November 16, 2010.