

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.

Altercare Healthcare Services (“Altercare”) is required by law to secure and safeguard your protected health information (“PHI”). We are further required to provide you with this Notice explaining the Company’s privacy practices with regard to your PHI. This Notice tells you how we may use and disclose your PHI and it outlines those instances where your PHI may be released without your authorization. You have certain rights regarding the privacy of your PHI and we also describe those rights in this notice.

As used in this notice, **Protected Health Information (“PHI”)** includes both medical information regarding your care and treatment and individually identifiable personal information such as your name, address, phone number, social security number or other personal information that you provide in the course of your treatment. This information may be in electronic, written and/or oral form.

USES OR DISCLOSURES OF PHI. Altercare may not use or disclose your PHI without your permission and, once your permission has been obtained, we must use or disclose your PHI only as provided for in the specific terms of that permission. You may also decline the release of your information or restrict/revoke the release of information. Those rights are further outlined herein. Some specific instances where **your authorization is required** before we may use or disclose your health information include, without limitation:

- Most uses and disclosures of psychotherapy notes or other records including particularly sensitive health information including substance abuse and sexually transmitted disease such as HIV/AIDS;
- Uses and Disclosures of PHI for marketing purposes; and
- Disclosures that constitute a sale of protected health information.

In certain instances, Altercare may use/disclose PHI **without your authorization**. The following uses/disclosures DO NOT require your authorization:

Treatment: Altercare may use and disclose your health information to provide, coordinate or manage your healthcare. This includes, but is not limited to, disclosures to doctors, nurses, technicians, staff and other healthcare professionals who become involved in your care. *For example:* Altercare or your doctor may determine that you require the assistance of a physical therapist. After we have obtained an order from your doctor, we will contact the therapist and give them the medical and personal information needed to coordinate and provide your care.

Payment: Altercare may use and disclose your health information to receive payment for services it has provided or to obtain authorizations for proposed treatments. *For example:* Altercare may need to provide an insurance company or federally funded program such as Medicare or Medicaid, with information about your medical condition and the healthcare you require in order for Altercare to receive payment for services rendered.

Health Care Operations: Altercare may use and disclose your health information as needed to run our operations. *For example:* Altercare may use your information to resolve problems or complaints, develop programs for improved care, train staff or clinical students to improve their skills, review services and processes to improve the services rendered to our patients.

Contacting You: Altercare may use and disclose your information to reach you about appointments, treatment issues, or other matters. We may contact you by mail, telephone (including cell phones), secure text or secure email. *For example:* We may leave voice mail messages at the telephone number you provide to us and we may respond to an email or text you send to our offices. Please note that, if you choose to communicate with Altercare via unsecure electronic communication (regular email or text message), we may respond to you in the same manner in which the communication was received and to the same email address or account from which you sent your original communication. Before using any unsecure electronic communication to communicate with us, note that there are certain risks, such as interception by others, misaddressed/misdirected messages, shared accounts, messages forwarded to others, or messages stored on unsecured, portable electronic devices. By choosing to correspond with us via unsecure electronic communication, you are acknowledging and agreeing to accept these risks.

Health-Related Benefits and Services: We may use and disclose personal and health information to tell you about health-related benefits or services that may be of interest to you.

Individuals Involved In Your Care or Payment For Your Care: Unless you object, we may disclose your health information to a relative, friend or any person identified by you, if these individuals need to know about or are involved in your care, or for payment for your care.

Workers Compensation: Altercare may disclose your health information in order to comply with laws relating to workers' compensation or similar programs.

Public Health, Safety, Disaster Relief, Or to Divert a Threat to Health Or Safety; Victims of Abuse, Neglect, or Domestic Violence: Altercare may use or disclose your health information to the extent necessary for public health activities and to avert a serious and imminent threat to your health or safety or the health and safety of others. Altercare may disclose your personal and health information to the appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or other crimes. Any disclosure would only be to someone able to help prevent the threat or injury.

Health Oversight: Altercare may disclose your health information to a health oversight agency for activities authorized by law. This may include but is not limited to The Joint Commission, ACHC, surveys, investigations, inspections, licensure or disciplinary actions.

Legal Proceedings and Law Enforcement: Altercare may disclose your health information if asked to do so by a law enforcement officer and/or in response to a subpoena, court or administrative order, warrant, discovery request or other lawful process.

Military and National Security: Altercare may disclose your health information to authorized military command authorities or federal officials if you are in the armed forces or are a veteran, or as required for lawful intelligence, counter intelligence and other national security activities.

Coroners, Medical Examiners and Funeral Directors: We may disclose your health information to a coroner or medical examiner if necessary to identify a deceased person or to determine a cause of death, or to a funeral director in connection with the performance of their duties.

Other uses and disclosures:

Business Associates: Altercare may provide some services through contracts with business associates. In those instances, Altercare requires the business associates to safeguard your information through a Business Associate Agreement.

Health Information Exchange. Altercare may participate in certain Health Information Exchanges (HIEs) whereby we may obtain or share your health information, as permitted by law, to other health care providers or entities for treatment, payment or health care operations purposes. A HIE is an electronic exchange of health information between your providers, which allows providers to securely and efficiently receive and review notifications of hospital admissions/discharges and clinical activity of your visits in order to gain a complete view of your health status and improve your quality of care.

For example, if you visit the hospital or another provider that participates in a HIE that partners with Altercare, we will be able to securely access and review your information, avoiding the need for you to collect and share the information with Altercare.

You may “opt-out” and disable all access to your health information available through any HIE we partner with by calling Altercare’s Privacy Office.

Not all of our offices participate in a HIE program; Office Leadership can provide information as to whether or not their location participates in a HIE. A full list of the HIEs we partner with, along with further details on HIEs can be obtained by contacting Altercare’s Privacy Office or on our website at www.Altercarehealthcare.com.

Research; Death; Organ Donation: Altercare may use and disclose your health information for research purposes in limited circumstances. However, all such research projects are subject to an approval process, and we will ask your permission if a researcher is to have access to your name, address, or other information that identifies you. Altercare may disclose your health information for the purpose of facilitating organ donation and transplantation.

Required By Law: Altercare will use or disclose your health information when required to do so by federal, state or local law.

YOUR RIGHTS REGARDING YOUR PERSONAL AND MEDICAL INFORMATION. Although your medical record is the property of Altercare, the information belongs to you. Federal law gives you the rights described below regarding your medical information.

Revoke Authorizations. You may revoke any authorization for the release of information, at any time. Your request should be submitted in writing to Altercare's Privacy Office. Upon receipt, we will no longer disclose health information about you for the reasons stated in your written authorization. Disclosures made in reliance on the authorization prior to the revocation are not affected by the revocation.

Inspect and Copy. With some exceptions, you may review and request/receive copies of your medical information. To the extent your record is maintained electronically, you have the right to access your own electronic health record in an electronic format. You may also direct Altercare to send physical or electronic copies of your records directly to a third-party. A patient's clinical record (whether hard copy or electronic form) will be made available to the patient, free of charge, upon request at the next home visit, or within 4 business days (whichever comes first). Where permitted by the HIPAA Privacy Rule, a reasonable, cost-based fee, for certain labor, supply, and postage costs may apply in providing the individual with the copy in the form and format and manner requested or agreed to by the individual.

Amendments. You may ask us to amend your medical information if you feel it is incorrect or incomplete. All requests must be submitted to Altercare's Privacy Office in writing and may be declined if: (a) we determine that the information or record that is the subject of the request was not created by us, (b) the information is not part of your designated record set maintained by us, (c) the information is prohibited from inspection by law, or (d) the information is accurate and complete. If your request is declined, we will provide you with a written denial stating the basis of the denial, your right to submit a written statement disagreeing with the denial, and a description of how you may file a complaint with us or the Secretary of the U.S. Department of Health and Human Services ("DHHS").

Accounting of Disclosures. You may request a list of certain disclosures made of your medical information ("accounting of disclosures"). In some instances, the accounting may be limited by time and may exclude disclosures made for treatment, payment or health care operations.

Request Restrictions. You may request a reasonable restriction on the uses or disclosures of your medical information. If you pay for your services, in full, using your personal funds, you can ask that the information regarding the service not be disclosed to a third-party payer/ health plans/insurance company since no claim is being made against the third-party payer.

Request Alternate/Confidential Communications. You may request that we communicate with you about medical matters in a confidential manner or at a specific location. For example, you may ask that we contact you via secure email or via mail to a post office box.

Paper Copy of This Notice. You may request a paper copy of this notice at any time by contacting your local Altercare office or Altercare's Privacy Officer Cherry Boyer. You may obtain an electronic copy of this notice at our website, www.Altercarehealthcare.com.

To exercise any of these rights you must: submit your request in writing to your local Altercare office or Altercare's Privacy Office. Your request should include a reason for your request and, if

applicable, the action you want Altercare to take. We may charge a fee for the costs of copying, mailing or other supplies associated with your request. We will notify you of the cost involved and you may choose to change or take back your request at that time before any costs are incurred.

BREACH NOTIFICATION REQUIREMENTS: Altercare is required to notify you if unsecured PHI is acquired, accessed, used and/or disclosed by an unauthorized party. Under the Federal Rules, notification must occur without unreasonable delay and in no case later than 60 days of the event. Some State regulations require shorter notification periods and Altercare shall comply with all such requirements.

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 each Altercare office and on its website (www.Altercarehealthcare.com). In addition, if material changes are made to this notice, the notice will contain an effective date for the revisions and copies can be obtained by contacting your local Altercare office or Altercare's Privacy Office.

QUESTIONS/GRIEVANCES: If you want further information about matters covered by this Notice, are concerned that your privacy rights may have been violated, or disagree with a decision made about access to your personal and health information, you may contact Altercare's Privacy Office by U.S. mail, fax, phone or email at: **Altercare Healthcare Services, Inc., Attention: Privacy Officer, Cherry Boyer Toll Free: 419)755-1999 Fax: 419)755-1959 e-mail: Cboyer709@** You may also submit a grievance/complaint to the U.S. Department of Health & Human Services, 200 Independence Ave., SW, Washington DC 20201, Phone: 202.619.0257, Toll Free: 1.877.696.6775.

Altercare will not retaliate and you will not be penalized in any way if you choose to file a grievance complaint with us or with the U.S. Department of Health and Human Services.