

Adoray Home Health and Hospice 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.

Adoray's Responsibilities

Adoray Home Health & Hospice ("Adoray") is required by law to maintain the privacy of your health information. Adoray is also required to provide you with a notice that describes Adoray's legal duties and privacy practices and your privacy rights with respect to your health information. We will follow the privacy practices described in this notice. If you have any questions about any part of this Notice or if you want more information about the privacy practices of Adoray, please contact Adoray's Executive Director and Privacy Officer at Adoray Home Health and Hospice; 2213 Highway 12; Suite 201; Baldwin, WI 54002; 715-684-5020 or 800-359-0174.

How Adoray May Use or Disclose Your Health Information for Treatment, Payment or Health Care Operation

The following categories describe the ways that Adoray may use and disclose your health information. For each type of use and disclosure, we will explain what we mean and present some examples.

Treatment. Adoray may use and disclose your health information to coordinate care within Adoray and with others involved in your care, such as your attending physician, members of Adoray's interdisciplinary team and other health care professionals who have agreed to assist Adoray in coordinating care. For example, Adoray may disclose your health information to a physician involved in your care who needs information about your symptoms to prescribe appropriate medications. Adoray also may disclose health information about you to individuals outside of Adoray involved in your care, including family members, other relatives, close personal friends, pharmacists, suppliers of medical equipment or other health care professionals.

Payment. Adoray may use and disclose your health information to obtain payment for your health care services. For example, Adoray may be required by your health insurer to provide information regarding your health care status, your need for care and the care that Adoray intends to provide to you so that the insurer will reimburse you or Adoray.

Health Care Operations. Adoray may use or disclose your health care information for activities relating to the evaluation of patient care, evaluating the performance of health care providers, business planning and compliance with the law. For example Adoray may use your health information to evaluate its performance, combine your health information with

other Adoray patients in evaluating how to more effectively serve all Adoray patients, disclose your health information to members of Adoray workforce for training purposes, and use your health information to contact you as a reminder regarding a visit to you. Adoray may also use information about you, including your name, address, telephone number and the dates you received care, in order to contact you to raise money for Adoray. Adoray may also release this information to a related Adoray foundation. If you do not want Adoray to contact you, notify the Executive Director and Privacy Officer at 715-684-5020 and indicate that you do not wish to be contacted.

How Adoray May Use or Disclose Your Health Information Without Your Written Authorization

The following categories describe the ways that Adoray may use and disclose your health information without your authorization. For each type of use and disclosure, we will explain what we mean and present some examples.

1. **Required by Law.** We may use and disclose your health information when that use or disclosure is required by law. For example, we may disclose medical information to report child abuse or to respond to a court order.

2. **Public Health.** We may release your health information to local, state or federal public health agencies subject to the provisions of applicable state and federal law for reporting communicable diseases, aiding in the prevention or control of certain diseases and reporting problems with products and reactions to medications to the Food and Drug Administration. For example, Adoray may disclose your health information for public activities and purposes in order to:
 - Prevent or control disease, injury or disability, report disease, injury, vital events such as birth or death and the conduct of public health surveillance, investigations and interventions.
 - Report adverse events, product defects, to track products or enable product recalls, repairs and replacements and to conduct post-marketing surveillance and compliance with requirements of the Food and Drug Administration.
 - Notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.
 - Notify an employer about an individual who is a member of the employer's workforce in certain limited situations, as authorized by law.

3. **Victims of Abuse, Neglect or Violence.** We may disclose your information to a government authority authorized by law to receive reports of abuse, neglect or violence relating to children or the elderly.

4. **Health Oversight Activities.** We may disclose your health information to health agencies authorized by law to conduct audits, investigations, inspections, licensure and other proceedings related to oversight of the health care system.

5. **Judicial and Administrative Proceedings.** We may disclose your health information in the course of an administrative or judicial proceeding in response to a court order. Under most circumstances when the request is made through a subpoena, a discovery request or involves another type of administrative order, your authorization will be obtained before disclosure is permitted.

6. **Law Enforcement.** We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, or missing person, or complying with a court order or other law enforcement purposes. Under some limited circumstances we will request your authorization prior to permitting disclosure. For example, Adoray may disclose your health information for public activities and purposes under the following circumstances:
 - As required by law for reporting of certain types of wounds or other physical injuries pursuant to the court order, warrant, subpoena or summons or similar process.
 - For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
 - Under certain limited circumstances, when you are the victim of a crime.
 - To a law enforcement official if Adoray has a suspicion that your death was the result of criminal conduct, including criminal conduct at Adoray.
 - In an emergency in order to report a crime.

7. **Coroners and Medical Examiners.** We may disclose your health information to coroners and medical examiners. For example, this may be necessary to determine the cause of death.

8. **Cadaveric, Organ, Eye or Tissue Donation.** If applicable, we may disclose your health information to organizations involved in procuring organs and tissues for transplantation.

9. **Research.** Under certain circumstances, and only after a special approval process, we may use and disclose your health information to help conduct medical research which may involve an assessment of how well a drug is working to cure a heart disease or whether a certain treatment is working better than another.

10. **To Avert a Serious Threat to Health or Safety.** We may disclose your health information in a very limited manner to appropriate persons to prevent a serious threat to the health or safety of a particular person or the general public. Disclosure is usually limited to law enforcement personnel who are involved in protecting the public safety.

11. **Specialized Government Functions.** Under certain and very limited circumstances, we may disclose your health care information for military, national security, or law enforcement custodial situations.
12. **Workers' Compensation.** Both state and federal law allow the disclosure of your health care information that is reasonably related to a worker's compensation injury to be disclosed without your authorization. These programs may provide benefits for work-related injuries or illness.
13. **Health Information.** We may use or disclose your health information to provide information to you about treatment alternatives or other health related benefits and services that may be of interest to you.
14. **Disaster Relief.** We may release your health information to an agency authorized by law to assist in disaster relief activities.
15. **Other.** If you do not object and the situation is not an emergency, and disclosure is not otherwise prohibited by law, we are permitted to release your information under the following circumstances:
 - a. To individuals involved in your care—we may release your health information to a family member, other relative, friend or other person whom you have identified to be involved in your health care or the payment of your health care;
 - b. To family—we may use your health information to notify a family member, a personal representative or a person responsible for your care, of your location, general condition, or death.

When Adoray is Required to Obtain an Authorization to Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, we will not use or disclose your health information without written authorization from you. For example, uses and disclosures made for the purpose of psychotherapy, marketing and the sale of protected health information require your authorization. If your provider intends to engage in fundraising, you have the right to opt out of receiving such communications. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though we will be unable to take back any disclosures we have already made with your permission.

Your Health Information Rights

1. **Inspect And Copy Your Health Information.** You have the right to inspect and obtain a copy of your health care information. You have the right to request that the copy be provided in an electronic form or format (e.g., PDF saved onto CD). If the form and format are not readily producible, then the organization will work with you to provide it in a reasonable electronic form or format. This right of access does not apply to psychotherapy notes, which are maintained for the personal use of a mental health

professional. Your request for inspection or access must be submitted in writing to: Executive Director/Privacy Officer; Adoray Home Health and Hospice; 2231 Highway 12, Suite 201; Baldwin, WI 54002. Adoray may charge you a reasonable fee to cover our expenses for copying your health information.

2. **Request To Correct Your Health Information**. You have a right to request that Adoray amend your health information that you believe is incorrect or incomplete. For example, if you believe the date of a home nursing visit is incorrect; you may request that the information be corrected. We are not required to change your health information and may deny your request if your health information records were not created by Adoray, if the records you are requesting are not part of Adoray's records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy or if, in the opinion of Adoray, the records containing your health information are accurate and complete. If your request is denied, we will provide you with information about our denial and how you can disagree with the denial. To request an amendment, you must make your request in writing to: Executive Director/Privacy Officer; Adoray Home Health and Hospice; 2231 Highway 12, Suite 201; Baldwin, WI 54002. You must also provide a reason for your request.
3. **Request Restrictions on Certain Uses and Disclosures**. You have the right to request restrictions on how your health information is used or to whom your information is disclosed, even if the restriction affects your treatment or our payment or health care operation activities. For example, if you are an employee in a clinic and you receive health care services in that clinic, you may request that your medical record not be stored with the other clinic records. However, we are not required to agree in all circumstances to your requested restrictions, except in the case of a disclosure restricted to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and the protected health information pertains solely to a health care item or service for which you, or the person other than the health plan on your behalf, has paid the covered entity in full. If you would like to make a request for restrictions, you must submit your request in writing to: Executive Director/Privacy Officer; Adoray Home Health and Hospice; 2231 Highway 12, Suite 201; Baldwin, WI 54002.
4. **Receive Confidential Communications Of Health Information**. You have the right to request that we communicate your health information to you in different ways or places. For example, you may wish to receive information about your health status in a special, private room or through a written letter sent to a private address. We must accommodate reasonable requests.

To request confidential communications, you must submit your request in writing to: Executive Director/Privacy Officer; Adoray Home Health and Hospice; 2231 Highway 12, Suite 201; Baldwin, WI 54002.

5. **Receive A Record Of Disclosures Of Your Health Information**. You have the right to request a list of the disclosures of your health information that we have made in compliance with federal and state law. This list will include the date of each disclosure,

who received the disclosed health information, a brief description of the health information disclosed, and why the disclosure was made. For some types of disclosures, the list will also include the date and time the request for disclosure was received and the date and time the disclosure was made. For example, you may request a list that indicates all the disclosures your health care provider has made from your health care record in the past six months. To request this accounting of disclosures, you must submit your request in writing to: Executive Director/Privacy Officer; Adoray Home Health and Hospice; 2231 Highway 12, Suite 201; Baldwin, WI 54002. We must comply with your request for a list within 60 days, unless you agree to a 30-day extension, and we may not charge you for the list, unless you request such list more than once per year.

- 6. Obtain A Paper Copy Of This Notice.** Upon your request, you may at any time receive a paper copy of this notice, even if you earlier agreed to receive this notice electronically. To obtain a paper copy of this Notice, send your written request to Executive Director/Privacy Officer; Adoray Home Health and Hospice; 2231 Highway 12, Suite 201; Baldwin, WI 54002. Also, Adoray maintains a copy of this Notice on it's website at www.Adoray.org and a printable copy is available there.
- 7. Notified of a Breach.** Adoray is required by law to maintain the privacy of protected health information and provide you with notice of its legal duties and privacy practices with respect to protected health information and to notify you following a breach of unsecured protected health information.
- 8. Complaint.** If you believe your privacy rights have been violated, you may file a complaint with Executive Director/Privacy Officer; Adoray Home Health and Hospice; 2231 Highway 12, Suite 201; Baldwin, WI 54002; 715-684-5020 or 800-359-0174 who will provide you with any needed assistance. We request that you file your complaint in writing so that we may better assist in the investigation of your complaint. You may also file a complaint with the Secretary of the Department of Health and Human Services. If your complaint relates to your privacy rights while you were receiving treatment for mental illness, alcohol or drug abuse or a developmental disability you may also file a complaint with the staff or administrator of the treatment facility or community mental health program. There will be no retaliation against you in any way for filing a complaint.

CHANGES TO THIS NOTICE

Adoray reserves the right to change this Notice. Adoray reserves the right to make the revised Notice effective for health information we already have about you, as well as any health information we receive in the future. We will post a copy of the current Notice in a clear and prominent location to which you have access. The Notice also is available to you upon request. The Notice will contain, at the end of this document, the effective date. In addition, if Adoray revises the Notice, Adoray will offer you a copy of the current Notice in effect.

This Notice is effective April 1, 2011

Revised: April 3, 2015