

HealthMasters HomeCare, Inc.

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.

In accordance with the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), HealthMasters HomeCare, Inc. is required to inform you of its practices in relation to the protected health information that it maintains about you. HIPAA requires minimum standards that a covered entity, such as HealthMasters HomeCare, Inc., must maintain in relation to your protected health information. This Notice of Privacy Practices is being given to you to help you understand how HealthMasters HomeCare, Inc. meets those standards. It is also meant to inform you of ways that HealthMasters HomeCare, Inc. may use the personal information it collects about you and how it may disclose it.

UNDERSTANDING YOUR PROTECTED HEALTH INFORMATION

When you receive care from a health care provider, a record of that treatment is made. This record will typically contain information on your diagnosis, treatment, and future plan of treatment and is often collectively referred to as your "medical record". This medical record includes protected health information and is the foundation for deciding on your plan of care and treatment and allows for a successful communication between all the healthcare professionals/personnel and contributes to your care.

HIPAA protects information found in your medical record from disclosure (being made available to other persons or organizations) without your authorization. The information protected by HIPAA includes:

1. Any information related to your past, present, or future physical or mental health;
2. The past, present, or future payment for health services you have received;
3. The specific care that you have received, are receiving, or will receive;
4. Any information that identifies you as the individual receiving the care; and
5. Any information that someone could reasonably use to identify you as receiving the care.

This information is referred to as protected health information throughout this Notice.

TREATMENT, PAYMENT, AND HEALTHCARE OPERATIONS

As a covered entity, HealthMasters HomeCare, Inc. is required to inform you of how it may use your protected health information. In providing treatment to you, HealthMasters HomeCare, Inc. will use your protected health information for the purposes of treatment, payment, and healthcare operations.

TREATMENT-As it pertains to HealthMasters HomeCare, Inc., treatment means providing you personal care assistance, medication, supplies, and durable equipment as requested by you/family members/caregivers, or ordered by physician and other healthcare providers. Treatment also includes clinical assessment by nurses and pharmacists recorded in your medical record. For example, a nurse may refer to records from a recent hospital stay to better plan your drug administration or catheter care. HealthMasters HomeCare, Inc. will use this type of information, in coordination with your physician, to determine the best course of treatment for you.

PAYMENT-Payment purposes consist of activities required to obtain reimbursement from you, your family members/caregivers, or insurance carrier for the services ordered by your physician and provided to you by HealthMasters HomeCare, Inc. This includes, but is not limited to, eligibility determination, pre-certification, billing and collection activities, obtaining documentation required by your insurer, and when applicable, disclosure of limited information to consumer reporting agencies. For example, our billing office may need to send the insurance company information about your diagnosis and prescriptions in order for them to process the claims and pay us for the services that you receive.

HEALTHCARE OPERATIONS-Operations can include, but are not limited to, review of your protected health information by members of HealthMasters HomeCare, Inc.'s professional/personnel healthcare staff to ensure compliance with all federal and state regulations. This information will then be used to continually improve the quality and effectiveness of the services provided to you by HealthMasters HomeCare, Inc. Healthcare operations also include HealthMasters HomeCare, Inc.'s business management and general administrative activities. For example, staff members at HealthMasters HomeCare, Inc. may need to review your medical record to assure that we maintain a high standard of quality in our clinical services.

OTHER USES AND DISCLOSURES

In order to release information contained in your medical record for purposes other than treatment, payment, or healthcare operations, HealthMasters HomeCare, Inc. must obtain a specific signed authorization from you. You may revoke such authorization at any time, except to the extent HealthMasters HomeCare, Inc. has taken action in reliance on the authorization.

There are a limited number of other uses and disclosures of protected health information that do not require a specific authorization from you. HealthMasters HomeCare, Inc. may in the following circumstances, disclose your protected health information.

1. HealthMasters HomeCare, Inc. may disclose to a member of your family, other relative, or a close personal friend, or any other person identified by you, the protected health information directly relevant to that person's involvement with your care or payment related to your health care.
2. HealthMasters HomeCare, Inc. may disclose protected health information to others as required by the law.
3. HealthMasters HomeCare, Inc. may disclose protected health information for certain public health activities and purposes.
4. HealthMasters HomeCare, Inc. may disclose protected health information to a legally authorized government authority, such as a social service or protective services agency, if we reasonably believe you are a victim of abuse, neglect, or domestic violence.
5. HealthMasters HomeCare, Inc. may disclose protected health information for law enforcement purposes in response to a court order or subpoena.
6. HealthMasters HomeCare, Inc. may disclose protected health information to agencies authorized by law to conduct health oversight activities, including audits, investigations, licensing, and similar activities.
7. HealthMasters HomeCare, Inc. may disclose protected health information to attorneys, accountants, and others acting on behalf of HealthMasters HomeCare, Inc., provided they have signed written contracts agreeing to safeguard the confidentiality of the information.

YOUR RIGHTS AS A PATIENT OF HEALTHMASTERS HOMECARE, INC.

In accordance with HIPAA you have the following rights in relation to your protected health information.

1. You may request, in writing, additional restrictions to the use or disclosure of your protected health information; however, HealthMasters HomeCare, Inc. is not required to agree to the requested restrictions.
2. You have the right to request amendments to your medical record.
3. You have the right to obtain a copy of this Notice of Privacy Practices.
4. You have the right of access to inspect and obtain a copy of your medical record, subject to certain limitations. You will be required by our Administrator to request access to your health information in writing.
5. You have the right to obtain an accounting of disclosures of your medical record for purposes other than treatment, payment, and healthcare operations.
6. You have the right to request communications of your medical record by alternative means (i.e. electronically) or at alternative locations.

7. You have the right to revoke authorization to use or disclose your protected health information except to the extent that action has already occurred.

RESPONSIBILITIES OF HEALTHMASTERS HOMECARE, INC.

In accordance with HIPAA, HealthMasters HomeCare, Inc. is required to:

1. Maintain the confidentiality of your protected health information. Your state laws may provide more protection than the federal laws and, in that case, HealthMasters HomeCare, Inc. will abide by the more restrictive statute;
2. Provide you with notice of its legal obligations and privacy practices regarding information it may accumulate about you and is obligated to abide by the terms of this notice;
3. Notify you if it is unable to agree to a requested restriction, and make every effort to accommodate reasonable requests for communication of health information by alternative means.

Please be advised that in addition to these responsibilities, HealthMasters HomeCare, Inc. reserves the right to change the terms of its Notice of Privacy Practices and make those changes applicable to all protected health information maintained at that time. If there is a change to its Notice of Privacy Practices, we will provide you with a revised notice at the most recent address you have supplied to HealthMasters HomeCare, Inc.

HealthMasters HomeCare, Inc. will not use or disclose your protected health information without your authorization, except as described in this Notice.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions, would like additional information, or, if you suspect misuse of your protected health information and believe that your rights have been violated, you may, without fear of retaliation, contact:

The Office of Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F HHH Building
Washington D.C. 20201
800/368-1019

OR

Privacy Officer
HealthMasters HomeCare, Inc.
2632 Hemphill Street
Fort Worth, TX. 76110
817-927-9550