



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.

ACS Home Care LLC (“ACS”) is providing this Notice of Privacy Practices because the privacy of your health information is very important to you and to us, and in compliance with federal regulations.

This Notice describes how we use your health information within ACS and disclose it outside ACS, and why.

Uses or disclosures which do not require your written authorization

- **Treatment, Payment, and Health Care Operations**

We use or disclose your health information to carry out your treatment; to obtain payment for your treatment; and to conduct health care operations. For example:

1. For treatment, we use your health information to plan, coordinate, and provide your care. We disclose your health information for treatment purposes to physicians and other health care professionals outside our agency who are involved in your care.
2. For payment, we use your health information to prepare documentation required by your insurance company or HMO or by Medicare or Medicaid. We disclose that part of your health information that these organizations require to pay us.
3. For health care operations, we use or disclose your health information, for example, to improve the quality of our services, to plan better ways of treating patients, and to evaluate staff performance.

- **Use or Disclosures of Your Health Information to Which You May Object**

We may use or disclose your health information for the following purposes, unless you ask us not to. We maintain a patient directory including, for each patient, name, location in our facility, health condition in general terms, and religious affiliation. We may disclose this information to people who ask for you by name. We will make known your religious affiliation only to clergy.

1. Informing family and friends. We may disclose your health information to family, friends, or others identified by you who are involved in your care.
2. Assistance in disaster relief efforts.
3. For fundraising activities. We may contact you or your family for fundraising purposes.
4. Confirming our visits to your home or other appointments.
5. Informing you about treatment alternatives or other health-related benefits and services that may be of interest to you.

If you object to our use or disclosure of your health information for any of these purposes, please contact the Administrator of ACS in writing.

- **Uses or Disclosures Required or Permitted**

Where we are required or permitted to do so, we may use or disclose your health information in the following circumstances without your written authorization.

1. Federal government investigation, when required by the Secretary of Health and Human Services to investigate or determine our compliance with federal regulation.
2. Federal, state or local law requirements.
3. Public health activities, for example, to report communicable diseases or death; or for matters involving the Food and Drug Administration.
4. Reporting of abuse, neglect or domestic violence.
5. Health oversight activities by a health oversight agency. (A health oversight agency is an organization authorized by the government to oversee eligibility and compliance and to enforce civil rights laws.)
6. Judicial or administrative proceedings, for example, responding to a court order or subpoena.
7. Law enforcement purposes, for example, to report certain types of wounds or other physical injuries or to identify or locate a suspect, fugitive, material witness, or missing person.
8. Use by coroners, medical examiners, or funeral directors.
9. Facilitating organ, eye, or tissue donation.
10. Research, provided that very strict controls are enforced.

11. Averting a serious threat to your health or safety or that of the public.
12. Specialized government functions such as military or veterans' affairs; national security, and intelligence activities.
13. Workers' compensation

Uses or Disclosures Which Require Your Written Authorization

Your written authorization, which you may revoke (in writing), is required if we use or disclose your health information for any other purpose, in particular;

1. 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.

Your Rights as a Patient to Privacy of your Health Information

1. Right to request restrictions. You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on the Agency's disclosure of your health information to someone who is involved in your care or the payment of your care. However, the Agency is not required to agree to your request.
2. Right to receive confidential communications. You have the right to request that the Agency communicate with you in a certain way. For example, you may ask that the Agency only conduct communications pertaining to your health information with you privately with no other family members present. The Agency will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.
3. Right to inspect and copy your health information. You have the right to inspect and copy your health information, including billing records. If you request a copy of your health information, the Agency may charge a reasonable fee for copying and assembling costs associated with your request.
4. Right to amend health care information. You or your representative has the right to request that the Agency amend your records, if you believe that your health information is incorrect or incomplete. That request may be made as long as the information is maintained by the Agency. The Agency may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your health information records were not created by the Agency, if the records you are requesting are not part of the Agency'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 the Agency, the records containing your health information are accurate and complete.
5. Right to an accounting. You or your representative have the right to request an accounting of disclosures of your health information made by the Agency for certain reasons, including reasons related to public purposes authorized by law and certain research. The request should specify the time period for the accounting starting on or after April 14, 2003. Accounting requests may not be made for periods of time in excess of six (6) years. The Agency would 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.
6. Right to a paper copy of this notice. You or your representative has a right to a separate paper copy of this Notice at any time even if you or your representative has received this Notice previously.

To exercise any of these rights, please write to the Administrator. In the event we deny your request, you may request a review of the denial.

Our Duties in Protecting Your Health Information

1. We are required by law to maintain the privacy of your health information.
2. We must inform patients or their legal representatives of our legal duties and privacy practices with respect to health information. This Notice discharges that duty.
3. We must abide by the terms of the Notice currently in effect.
4. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that we maintain. At any time, you may obtain a copy of the current notice from the Administrator.

Complaints, Contact Person, Effective Date, and Acknowledgement

1. You may complain to us and to the Secretary of Health and Human Services if you believe your privacy rights have been violated.
2. You will not be retaliated against for filing a complaint.
3. You may file your complaint with our agency by writing to the Administrator:

Administrator
ACS Home Care LLC
256 Main St, Suite 1109
Northport, NY 11768

4. You may file a complaint with the Secretary of Health and Human Services by writing to:
Secretary of Health and Human Services
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201