

Girling Health Care, Inc.
Home Health Division
Notice of Privacy Practices for
Protected Health Information

This notice describes how medical information about you may be used and disclosed by Girling Health Care, Inc. and how you can get access or obtain this information. Please review it carefully.

A. Understanding Your Health Information.

Each time you visit a hospital, physician, or other healthcare provider or a health care provider visits you in your home, a record of your visit is made. This record contains your identifying information and information about your symptoms, examination and test results, diagnoses, treatment, and plan for future care or treatment. This health information is known as your medical or health record. This record is used for many purposes, including:

- A basis for planning your care and treatment
- A means of communicating among the many health professionals who contribute to your care
- A legal document describing the care you received
- A means by which you or a third-party payor can verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of the nation, state, or locality
- A source of data for facility planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your medical record and how your health information is used helps you to:

- Ensure the accuracy of your record
- Better understand who, what, when, where, and why others may access your health information
- Make more informed decisions when authorizing disclosure to others

B. Your Rights Regarding Your Health Information

Although your health record is the physical property of the health care practitioner or facility that compiled it, the information contained in that record belongs to you. You have the following rights with respect to your health information:

- 1. Right to Request Restrictions.** You have the right to request a restriction on the uses and disclosures of your health information to carry out treatment, payment, or health care operations. You may also request restrictions on the information about you that we may disclose to persons involved in your care or in payment for your care, such as relatives, close friends, or another person designated by you. You may also request restrictions on the disclosure of your health information to family members, your personal representative, or other person responsible for your care in order to notify those persons about your location, general condition, or death.

Requests for restrictions may be indicated on the Request for Restriction of PHI form. Requests for restrictions may also be made at a later date by submitting a request in writing to us. We are not required to agree to a restriction that you request. However, if we do agree to the restriction or any

part of it, we will be bound by that restriction. Nevertheless, we may still use or disclose the restricted information if needed to provide care to you in an emergency situation.

2. **Right to Request Confidential Communications.** You have the right to request that we communicate with you about your health information by alternative means or at alternative locations. For example, you may request that we communicate with you only at work or by mail. Requests for confidential communications should be made in writing to:

Girling Health Care, Inc.
Attn: Chief Privacy Officer
4902 Grover Ave.
Austin, Texas 78756
1-800-GIRLING (447-5464)

3. **Right to Access, Inspect, and Copy Your Health Information.** You have the right to reasonably access, inspect, and/or obtain a copy of your health information; except for psychotherapy notes and other information for which access may be denied by law. You may also request a summary of your health information in lieu of access to your information or may request an explanation of the health information to which access has been provided.

Requests for access to inspect and/or copy your health information or for a summary or explanation of your health information must be made in writing to the Chief Privacy Officer. The request should indicate the form or format in which you would like to access your information. If you request a copy of your health information, we may charge you reasonable fees for the costs of making copies and/or postage. If you request a summary or explanation of your health information, we may also charge you the costs for preparing that summary or explanation.

In certain situations, we may deny your request for access. You may be entitled to a review of that denial. The review will be conducted by a licensed health care professional who did not participate in the original decision to deny.

4. **Right to Amend Your Health Information.** You have the right to request an amendment to your health information or record. Requests for amendment must be in writing to the Chief Privacy Officer and must provide a reason why you desire the amendment, so that we may better evaluate your request. We may deny your request for an amendment if the information or record you desire to amend:

- a. was not created by us, unless you indicate to us that the person or entity who created the information is no longer available to amend it;
- b. is not a part of the medical information kept by or for us;
- c. is not a part of the information that you are permitted to access or inspect;
- d. is accurate and complete.

5. **Right to Receive an Accounting of Disclosures.** You have the right to receive an accounting of disclosures, which is a list of disclosures we have made of your health information. There are certain disclosures that we are not required to provide in an accounting. For example, disclosures made to you about your own health information, disclosures made pursuant to your authorization to disclose, disclosures made for national security or intelligence purposes, or disclosures made to carry out treatment, payment, and health care operations.

A request for an accounting must be in writing to the Chief Privacy Officer. The request must state a time period for which you want a listing of disclosures. This time period must be no longer than six years before the date of the request and cannot cover any period of time before April 14, 2003.

- 6. Right to Receive a Paper Copy of This Notice.** You have the right to request and receive a paper copy of this Notice of Privacy Practices, even if you agreed to receive this Notice electronically. You may obtain a copy of this Notice at the following website: www.girling.com. You may obtain a paper copy of this Notice by contacting the Chief Privacy Officer.
- 7. Right to Revoke Your Authorization.** You have the right to revoke the authorization you give to us to use or disclose your health information. The revocation will be effective for any future uses or disclosures of your health information that we may make. However, the revocation will not affect any uses or disclosures that we made in reliance upon your authorization before it was revoked. Furthermore, the authorization may not be revoked if it was obtained as a condition of obtaining insurance coverage and other law provides the insurer with the right to contest a claim under the policy or the policy itself.

If you have any questions regarding your rights listed above, you should contact the local office.

C. Our Responsibilities With Respect to Your Health Information

We are required by law to maintain the privacy of your health information and to provide you with this Notice of our legal duties and privacy practices with respect to your health information. We will abide by the terms of this notice as it is currently in effect.

We reserve the right to change any privacy practice described in this Notice and to make the new provisions effective for all the health information we maintain, regardless of when created or received. Should we revise our privacy practices, a copy of the revised notice will be mailed to you at the address you have provided. The revised notice will also be available upon request on or after the effective date of the revised notice.

D. Uses and Disclosures of Health Information

Except for the situations described below, we will not use or disclose your private health information without your authorization.

1. Uses and Disclosures for Treatment, Payment, and Health Care Operations

We will use or disclose your health information for treatment. For example, information obtained by a nurse, physician, or other healthcare provider will be recorded in your medical record and will be used to determine an appropriate course of treatment for you. We may use your health information for our own treatment purposes and may disclose your health information to another health care provider for that provider's treatment purposes. In addition,

We will use or disclose your health information for payment. For example, a bill may be sent to you or a third-party payor. The bill may contain or be accompanied by information that identifies you, discusses your diagnosis, and details the procedures performed and supplies used. We may use your health information for our own payment activities and may disclose your health information to another health care provider for that provider's payment activities.

We will use or disclose your health information for health care operations. For example, we may use information about your treatment in order to assess the care and outcome in your case and in cases of others like you. This is done in an effort to improve the quality of care and service that we provide. We may use your health information for our own health care operations and may disclose your health information to another health care provider for its health care operations. However, we will only disclose your health information to another health care provider if that other provider has a

relationship with you and is required by law to maintain the privacy of your information. Furthermore, we will only disclose your health information for specific activities of the other provider, including quality assessment and improvement, evaluation and review of health care professionals, training, accreditation, licensing, certification, and credentialing.

2. **Uses and Disclosures to Business Associates.** In some instances, we may contract with business associates for the services we provide. For example, laboratory tests or the copy service we use to make copies of your medical records. We may disclose your health information to our business associates so that they can perform the functions for which we have contracted with them. However, to protect your health information, we require that our business associates appropriately safeguard your information.
3. **Uses or Disclosures Required by Law.** We may use or disclose health information if the use or disclosure is required by law.
4. **Disclosures for Public Health Activities/Authorities.**
 - a. *Public Health Authorities.* We may disclose your health information to public health authorities for purposes of preventing or controlling disease, injury, or disability or with respect to child abuse or neglect.
 - b. *Food and Drug Administration (FDA).* We may disclose health information for FDA purposes, including collecting or reporting adverse events with respect to food or supplements, product defects or problems, or biological product deviations; tracking FDA-regulated products; enabling product recalls, repairs, replacement, or look back; or conducting post marketing surveillance. Such disclosures may be made to a person, persons, or entities who are subject to the FDA's jurisdiction and who are responsible for the FDA-regulated product or activity at issue.
 - c. *Communicable Diseases.* We may disclose health information to appropriate individuals or authorities regarding contraction or spreading of communicable diseases.
 - d. *Employment Related Situations.* We may disclose health information pursuant to workers' compensation or other employment-related programs or requirements established by law.
5. **Disclosures in Situations of Abuse, Neglect, or Domestic Violence.** Pursuant to law, we may disclose health information to appropriate authorities if we reasonably believe that there is a situation involving abuse, neglect, or domestic violence.
6. **Disclosures for Health Care Oversight.** We may disclose health information pursuant to audits, investigations, inspections, and other actions, proceedings, or activities related to oversight of the health care system, government benefit programs, government regulatory programs, or civil rights compliance.
7. **Disclosures for Judicial or Administrative Proceedings.** We may disclose health information in the course or any judicial or administrative proceeding in response to an order of a court or administrative tribunal, subpoena, discovery request, or other lawful process.
8. **Disclosures for Law Enforcement Purposes.**
 - a. *Pursuant to process or as otherwise required by law.* We may disclose health information as required by law or in compliance with a court order or court-ordered warrant, subpoena or summons issued by a judicial officer, grand jury subpoena, or administrative request.
 - b. *Identification and Location.* We may disclose the following health information in response to a law enforcement official's request for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person: name and address, date and place of birth, social security

- number, *ABO* blood type and *rh factor*, type of injury, date and time of treatment, date and time of death, if applicable, and a description of distinguishing physical characteristics.
- c. *Victims of Crime*. We may disclose health information in response to a law enforcement official's request for information about an individual who is or is suspected to be the victim of a crime.
 - d. *Decedents*. We may disclose health information to a law enforcement official about a person who has died for the purpose of alerting law enforcement of the death if we suspect that the death may have resulted from criminal conduct.
 - e. *Crime on Premises*. We may disclose health information to a law enforcement official if we believe in good faith that the information constitutes evidence of criminal conduct that occurred on our premises.
 - f. *Crime in Emergencies*. We may disclose health information to a law enforcement official in situations where we respond to medical emergencies off Hospital premises and if such disclosure appears necessary to alert law enforcement to the commission and nature of a crime and the circumstances surrounding that crime.
- 9. Uses or Disclosures in Situations Involving Decedents.** We may use or disclose health information to coroners, medical examiners, or funeral directors in furtherance of their duties as authorized by law.
- 10. Uses or Disclosures Relating to Organ Donation.** We may use or disclose health information in furtherance of activities related to donation, procurement, banking, or transplantation of cadaveric organs, eyes, or tissue.
- 11. Uses or Disclosures Relating to Research.** Pursuant to protocols established by law and/or an institutional review board or privacy board, we may use or disclose health information for research purposes.
- 12. Uses or Disclosures to Avert Serious Threat to Health or Safety.** We may use or disclose your health information to appropriate persons or authorities if it is reasonably believed to be necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. Such uses and disclosures *do not* include information obtained through a request for or in the course of treatment to affect the propensity to commit the criminal conduct or counseling or therapy.
- 13. Uses or Disclosures Related to Specialized Government Functions.**
- a. *Military and Veterans Activities*. We may use or disclose health information for purposes and activities related to Armed Forces personnel or foreign military personnel.
 - b. *National Security and Intelligence Activities*. We may disclose health information to authorized federal officials for lawful intelligence, counter-intelligence, and other national security activities.
 - c. *Protective Services for the U.S. President and Others*. We may disclose health information to authorized federal officials for the provision of protective services to the U.S. President, foreign heads of state, and other officials or persons designated by law.
 - d. *Correctional Institutions and Other Law Enforcement Custodial Situations*. We may disclose health information about an inmate to a correctional institution or law enforcement official having lawful custody of that inmate or other individual for the provision of health care to such individuals; the health and safety of such individual or other inmates; the health and safety of the officers or employees of or others at the correctional institution; the health and safety of such individuals and officers or other persons responsible for the transport of inmates or their transfer from one facility to another; law enforcement on the premises of the correctional institution; and the administration and maintenance of the safety, security, and good order of the correctional institution.

14. Uses or Disclosures Unless You Notify Us of Your Objection. Unless you notify us that you object, we may use or disclose your health information to your family member, other relative, close personal friend, or any other individual you identify your health information that is directly relevant to that person's involvement with your care or payment related to your care. We may also use or disclose your health information to notify or assist in notifying (including locating and identifying) your family member, personal representative, or other person responsible for your care of your location, general condition, or death. We may disclose your health information to a public or private entity authorized by law or its charter to assist in disaster relief efforts, in order to coordinate such uses and disclosures with that entity.

15. Uses and Disclosures for Marketing. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

16. Uses and Disclosures for Fund-raising. We may contact you as part of our fund-raising efforts.

E. For More Information or to Report a Problem

If you have questions regarding anything contained in this Notice and would like additional information or would like to exercise any of your rights listed above, you may contact the local office.

If you feel that your privacy rights with respect to your health information have been violated, you may file a complaint with us by contacting the Corporate Office. You may also file a complaint with the Secretary of Health and Human Services. There will be no retaliation against you for filing a complaint.

F. Statement on Compliance

We strive to protect your health information to the extent required under the law. Under federal law, we may be required to allow the Secretary of Health and Human Services access to your health information in conjunction with an investigation regarding our compliance with the federal privacy requirements for health information.