

HOMEMAKER SERVICE OF THE METROPOLITAN AREA, 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. NOTICE EFFECTIVE AS OF: 04/12/2011

This manuscript serves as the Notice of Privacy Practices for Homemaker Service of the Metropolitan Area, Inc. [Homemaker Service]. The Notice of Privacy Practices is being offered to each consumer/patient because; Homemaker Service is devoted to the privacy of those it serves and to comply with HIPAA Privacy Rules (45 CFR 164.520).

This Notice of Privacy Practices describes how Homemaker Service uses and discloses consumer/patient *personal health information* within and outside Homemaker Service of the Metropolitan Area, Inc.

HIPAA (45 CFR 160.103) defines “Personal Health Information” as individually identifiable health information that is transmitted or maintained in any form: electronic, paper, or oral.

USES AND DISCLOSURE WHICH DO NOT REQUIRE AUTHORIZATION

Federal regulations permit covered entities to use your information without authorization in the following ways:

Treatment: Treatment includes the provision, coordination, and oversight of health care and related care services. This includes treatment by one or more providers and by providers associated with a third party. Treatment also includes, but is not limited to consultation between providers with a relation to a consumer/patient and referrals between providers.

Payment: Homemaker Service may share information with a health plan to obtain premiums or determine coverage and provision of benefits. Health care providers, health plans, Health Maintenance Organizations [HMO], Medicare, or Medicaid may require information to provide reimbursement for services. Payment activities may include: eligibility or coverage determination, billing, claims management, collections, risk adjustment, payment under reinsurance, workers compensation, utilization and medical necessity review, justification of charges, and consumer/patient reporting agencies.

Health Care Operations: Quality initiatives including protocol development, improving services offered, reducing costs, case management and coordination are part of Homemaker Service operations. Operations also include administrative and business functions, including, but not limited to:

- Review of attendants, care providers, and Homemaker Service employees in consideration of evaluation of performance or care
- Training programs for Homemaker Service operations and protocols

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- Accreditation, certification, licensing, or credentialing activities
- Conducting or arranging medical reviews, legal services, auditing functions, detection of fraud and abuse, and compliance programs
- Business planning and development, such as conducting cost management and analysis
- Business management and administrative activities
- Resolution of internal grievances
- Due diligence associated with the sale, transfer, merger, or consolidation of all or part of the covered entity with another covered entity
- Within the course of business with business associates as needed
- Creation of de-identified information lists or limited data sets

Required by Law: Homemaker Service is required to report information about any victims of abuse, neglect, or violence to a government agency. These authorities include, but are not limited to, adult protective services, social service agencies, state and certification agencies, ombudsmen for the aging, and law enforcement. Homemaker Service may disclose information if it is believed to prevent serious harm to the individual or other potential victims.

Information may be released in the event that a consumer/patient is unable to respond to a request because of incapacity, and law enforcement or authorized public official specify that the disclosure is not to be used against the individual or Homemaker Service, and that immediate enforcement activity depends on the disclosure which would be adversely affected by waiting.

Homemaker Service must release information to an officer or law enforcement official if:

- Relating to reports of wounds or physical injuries
- Required by a court order, warrant, subpoena, or summons issued by a judicial officer
- Needed to assist in identifying or locating a suspect, fugitive, material witness, or missing person
 - Information relating to DNA, dental records, typing samples, analysis of body fluids, or tissue require a subpoena or authorized consent
- Death is possibly the outcome of criminal conduct
- Reporting crimes that occurred on Homemaker Service premises

Coroners, Medical Examiners, and Funeral Directors: Homemaker Service may disclose information to identify a deceased person, determine a cause of death, or other lawful activities in the event of a death of a consumer/patient. Information may also be disclosed to funeral directors.

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Organ Procurement Agencies: Homemaker Service is permitted to disclose information to assist in the approved donation and transplantation of cadaveric organs, eyes, and tissue.

Research: Homemaker Service may conduct or take part in any systematic investigation designed to develop, expand, or supply knowledge.

Averting A Serious Threat To Health And Safety: Use or disclosure of information is allowed if it is believed to be necessary in preventing or minimizing a serious or imminent threat to the health and safety of a person or the general public.

Specialized Government Functions: Operations performed by the military or veteran agencies that are related to personnel regarding partition and discharge from military service warrants use or disclosure of information. Any notion of national security and intelligence authorized by the National Security Act or activities by protective services for any government officials does not require authorization. Public benefits programs provided by the government may require information for eligibility and enrollment inquires. Such programs include Worker's Compensation.

USES OR DISCLOSURE OF YOUR HEALTH INFORMATION TO WHICH
YOU MAY OBJECT

Federal regulations allow for covered entities to use information in the following way, provided that the consumer/patient is informed in advance. Consumers/Patients have the right to object or restrict the use or disclosure through written clarification.

Assistance in Disaster Relief: Information may be disclosed to aide in disaster relief efforts. Disaster relief may include natural disasters or disasters within the facility, such as fire.

Visit Confirmation: Homemaker Service may need to disclose information to accreditation, financial, or government agencies to confirm visits to your home or services provided.

Reminders: Homemaker Service may use information to contact consumers/patients to remind them of visits or appointments.

Disclosure to family, friends, responsible parties, or care givers: Disclosure can be made to parties the consumer/patient identifies as being involved with care or payment of care. This disclosure includes health condition and an event of death. If a patient is deemed incapacitated, then the entity must act in the believed best interest of the consumer/patient.

Care Alternatives and Benefits: Homemaker Service may use or disclose information to inform consumers/patients of care alternatives or any other care based benefits and services.

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USES OR DISCLOSURES REQUIRING PATIENT AUTHORIZATION

Covered entities are required to obtain a valid authorization for the use or disclosure of the below circumstances. Consumers/Patients may revoke the authorization at any time in writing.

Psychotherapy Notes: Any request relating to psychiatric or psychological information by the patient or another party other than the originator of the notes requires a release approved by the primary physician. The primary physician, or recent consultation provider in the absence of a primary physician, must verify that the release will not likely cause harm to the consumer/patient.

HIV and AIDS: Use or disclosure of any information related to the status, testing, or treatment of the Human Immunodeficiency Virus [HIV] or Acquired Immune Deficiency Syndrome [AIDS] requires an authorization.

Drug and Alcohol: Any information related to the status, testing, treatment, counseling, or progress of drug and alcohol abuse or dependency requires authorization.

Marketing: Marketing is depicted as a communication about a product or service that encourages recipients of the communication to use the product or service. A covered entity complying with a business associate agreement with Homemaker Service may partake in marketing when arrangements are previously settled upon by Homemaker Service. Any direct or indirect compensation received from a separate party for marketing must be stated in the authorization

Marketing under the Privacy Rule does not include communication with consumers/patients to inform them of products and services that contribute to their access to quality care. These communications include: descriptions of health related products and services provided by Homemaker Service, entities participating in a healthcare provider network and health plan values, products or services related to treatment, case management or care coordination, recommendations about alternative treatments, or other relevant notions related to care.

Health Information: Requests pertaining to information regarding the health, history, treatment, laboratory and imaging tests and results, or any other documentation related to health care made by any persons not related to care requires authorization. Homemaker Service holds the right to require any requesting parties, including consumers/patients and their representatives, to complete a written request for review.

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PATIENT RIGHTS REGARDING INFORMATION

Consumers/Patients have certain rights regarding their information. These rights include certain aspects of how Homemaker Service may use or disclose your information. Homemaker Service must comply with state and federal regulations that may inhibit fulfillment of some requests.

Restrictions: Written requests may be submitted for restrictions on information. Homemaker Service may refuse to accept requested restrictions if deemed unreasonable or use and disclosure is necessary or allowed through federal regulations.

Confidential Communication: Consumers/Patients may submit a written request that Homemaker Service communicate through alternate, confidential forms of communication. Homemaker Service will make reasonable accommodations to meet such requests. Requests may be denied if deemed unreasonable. Alternate communication may include: conducting in person, oral communication in private areas, mailings to an alternate address, or phone calls to an alternate number.

Inspect and Copy: Consumers/Patients may submit written requests to obtain access or copies of their health information. Requests must be submitted in advance to allow for inspection arrangement or time to copy information. Inspecting information must be done on Homemaker Service premises and at a time convenient for both the consumer/patient and Homemaker Service. A Homemaker Service employee must be present and accompany the information at all times. Copying fees provided by the state may be applied to your request. Homemaker Service may also deny requests if they do not meet HIPAA criteria. If a denial occurs, consumers/patients may request a review of the denial.

Amendments: Written requests may be submitted to amend care related information. Requests must contain a reason for amendment. Homemaker Service will fully review the request with relevant care providers to determine approval or denial. If a denial is decided, consumers/patients may submit a statement of disagreement which will be filed in the chart and provided with releases. Any amended information that Homemaker Service receives from other covered entities will be forwarded to necessary employees and kept with the consumer/patient chart.

Accounting of Disclosures: Written requests may be submitted to obtain an accounting of disclosures of consumer/patient information for purposes other than treatment, payment, and health care operations. Requests are only valid for disclosures 6 years prior to date of request.

Copy of Notice: Anyone has the right to request a paper copy of the current Notice of Privacy Practices.

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HOMEMAKER SERVICE RESPONSIBILITIES

Homemaker Service is required by law to abide by the current Notice of Privacy Practice terms and to maintain the privacy of protected information. A notice is provided to the individual stating Homemaker Service's legal duties and privacy practices with respect to protected information. Reasonable safeguards are put in place to protect your information. If a breach occurs, Homemaker Service will contact the consumer/patient and make all necessary reports to the Secretary of Health and Human Services. Homemaker Service holds the right to change the terms of the Notice of Privacy Practices. The current notice will be visible in public areas of our offices and on our company website. Revised notices are only required to be provided when requested. Written acknowledgement is not needed for revised notices.

PRIVACY COMPLAINTS

Consumers/Patients have the right to complain to Homemaker Service and to the Secretary of Department of Health and Human Services if they believe their privacy rights have been violated. No retaliation will occur in the event of a complaint. You may file your complaint in writing to our Supervisor of Health Information Management.

For more information or concerns, you may contact Homemaker Service's Privacy Officer.

Attn: Privacy Officer
444 N. St.
Suite 202
Philadelphia, PA 19123
215-592-0002

You may file a complaint with the DHHS 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
[www.hhs.gov]

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Notice of Privacy Practices

Acknowledgment of Receipt of Notice

Consumer/Patient Name: _____ Identifier Number: _____

I have received and reviewed a copy of Homemaker Service of the Metropolitan Area, Inc.'s
Notice of Privacy Practices.

Signature: _____ Date: _____

Personal Representative: _____ Date: _____

Relation to Consumer/Patient: _____

Only complete this section if signature is not obtainable.

Reason signature not obtained: _____