



Comfort Keepers®

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.

OUR COMMITMENT AND LEGAL RESPONSIBILITIES TO YOUR PRIVACY

Comfort Keepers is dedicated to maintaining the privacy of your individually identifiable Protected Health Information (PHI). We are required by applicable federal and state law to protect your privacy and to provide you with this Notice of Privacy Practices. It reviews our privacy practices, our legal responsibilities, and your rights concerning your PHI. We must follow the privacy practices that are described in the Notice of Privacy Practices while it is in effect. We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice will be effective for all PHI that we maintain, including PHI we created or received prior to the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon written request. You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION (PHI)

The following categories describe the different ways we use and disclose your PHI in connection with our health care operations:

Treatment: Comfort Keepers may use and disclose your PHI to provide, coordinate or manage your in-home care and any related services. For example, we may disclose information about you to doctors, nurses, physical therapists and other health care professionals and provider's involved in your care

Payment: Comfort Keepers may use and disclose your PHI to prepare documentation required by your long term care insurance company (LTC) or third-party payer. We may also need to obtain prior approval from your LTC or third-part payer and explain your need for in-home care services as well as the care or services that we will provide to you.

Health Care Operations: Comfort Keepers may use and disclose your PHI for its own operations to facilitate the functioning of the company and as necessary to provide quality in-home care to all our clients. Health care operations may include such activities as: quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating provider performance, conducting training programs, accreditation, and certification or licensing activities. For example, your PHI will be used and disclosed from Comfort Keepers to CK Franchising, Inc. (CKFI) as a course of franchising business operations.

As Required by Law: Comfort Keepers will disclose your PHI when we are required to do by any Federal, State or Local laws.

Public Health Risks: Comfort Keepers will use and disclose your PHI to public health authorities permitted to collect or receive the information for the purpose of controlling disease, injury, or disability.

To Avert a Serious Threat to Health or Safety: Comfort Keepers may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. However, any disclosure would only be to someone able to help prevent the threat.

Abuse or Neglect: Comfort Keepers may disclose your PHI to the appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence. We will make this disclosure only when specifically required or authorized by law or when the client agrees to the disclosure.

Court Orders and Judicial and Administrative Proceedings: Comfort Keepers may disclose PHI in response to a court or administrative order, subpoena, discovery request, or other lawful purpose, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may share your PHI with law enforcement officials. We may share limited information with a law enforcement official concerning the PHI of a suspect, fugitive, material witness, crime victim of missing person. We may share the PHI of an inmate or other person in lawful custody with a law enforcement official or correctional institution under certain circumstances.

Law Enforcement Officials: Comfort Keepers may disclose your PHI to the police or other law enforcement officials, as required by law or in compliance with a court order or other process authorized by law.

Military and Veterans: Comfort Keepers may release PHI if you are a member of the armed forces or are separated/discharged from military services, as required by military command authorities or the Department of Veterans Affairs.

Coroners, Medical Examiners, Funeral Directors: Comfort Keepers may use or disclose your PHI to coroners or medical examiners for purposes of determining your cause of death or for other duties, as authorized by law. We may disclose your PHI to funeral directors consistent with applicable law and, if necessary, to carry out their duties with respect to your funeral arrangements.



Disaster Relief Purposes: Comfort Keepers may disclose PHI to disaster relief agencies to assist in notification of your condition to family or others.

Organ, Eye or Tissue Donation: Comfort Keepers may disclose PHI to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue for the purpose of facilitating the donation and transplantation.

Appointment and Services: Comfort Keepers may use and disclose your PHI to contact you as a reminder about scheduled appointments and services.

Worker's Compensation: Comfort Keepers may disclose your PHI when necessary to comply with workers' compensation laws.

Persons Involved in Your Care: When appropriate, Comfort Keepers may share your health information with a family member, other relative or any other person you identify if that person is involved in your care and the information is relevant to your care or the payment of your care. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort. You may ask us at any time not to disclose your health information to any person(s) involved in your care. We will agree to your request unless circumstances constitute an emergency or if the client is a minor. In the event of an emergency situation or you are incapacitated, we will use our professional judgment to decide whether disclosing your PHI to others is in your best interest. If we do disclose your PHI in a situation where you are unavailable, we would disclose only information that is directly relevant to the person's involvement with your treatment. We may also disclose your PHI in order to notify (or assist in notifying) such persons of your location, your general medical condition or your death. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies and other similar forms of PHI.

Your Authorization: Other than the permitted uses and disclosures described above, Comfort Keepers will not use or disclose your health information without an authorization signed by you or your personal representative. If you or your personal representative sign a written authorization allowing us to disclose your PHI, you may revoke it in writing at any time. Your revocation will not affect any use of disclosure permitted by our authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your PHI for any reason except those described in this Notice. Release of psychotherapy notes will always require your prior authorization.

CLIENT RIGHTS

Access: You have the right to look at or obtain electric copies of your PHI, with limited exceptions. To see or get a copy of your PHI, you must submit a written request. If you request a paper copy of your information, we may charge a fee for the cost of copying, mailing or other supplies associated with your request. There is no fee to see your medical information.

Accounting of Disclosures: You have the right to request a list of the disclosures we made of your PHI for purposes other than treatment, payment and health care operations. The first list you request will be free. For additional lists that you request within a 12-month period, we may charge you for the costs of providing the list. We will notify you of the cost in advance so that you can choose whether to get the list.

Breach Notification: You have the right to receive notification if we discover a breach of your unsecured protected health information.

Restriction: You have a right to request that we change the way we use or disclose your PHI for treatment, payment or health care operations. To request restrictions, you must make your request in writing. In your request, you must tell us:

1. What information you want to limit;
2. Whether you want to limit our use, disclosure or both;
3. To whom you want the limits to apply, for example, disclosures to your spouse.

We are not required to agree to your request, except that will not share your medical information with your health insurance company if you pay for the entire amount due for the services you received (unless we are required by law).

Amendment: You have the right to request that we amend your PHI. To request an amendment, you must submit a written request. Please be specific about the information that you believe is incorrect or incomplete. We may deny your request under certain circumstances.

Right to a Paper Copy of this Notice: You have the right to a copy of this notice. A copy of this Notice is available at the Comfort Keepers office. In addition, you may access it on the Comfort Keepers website (www.flemington-657.comfortkeepers.com).

Right to File a Complaint: If you believe your privacy rights have been violated, you may file a complaint with Comfort Keepers or with the Secretary of the Department of Health and Human Services Office for Civil Rights (OCR). To file a complaint with Comfort Keepers, submit your complaint to the Privacy Officer in writing. To file a complaint with the OCR, please go to their website (www.hhs.gov/ocr/privacy/hippa/complaints). We will not take any action against you if you exercise your right to file a complaint with us or with the OCR.

Privacy Officer
Comfort Keepers
160 Main Street
Bldg. B, Suite 7
Flemington, New Jersey 08822

Telephone Number: (908) 806-2220

Toll Free: (877) 806-2220

Fax Number: (908) 806-8373