

**Cooperative Home Care
NOTICE OF PRIVACY PRACTICES
FORM #10(A)**

**COOPERATIVE HOME CARE, 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.

Who Will Follow This Notice

This Notice describes the privacy practices of Cooperative Home Care, Inc. (referred to as “Cooperative,” “we” or “is” in this Notice).

Our Pledge Regarding Your Medical Information

We understand that your medical information is personal and we are committed to protecting the privacy of your medical information. While you are a patient of Cooperative, we create records of the health care services that we provide to you. We need these records to provide you with quality health care services and to comply with certain legal requirements. This Notice describes how we may use and disclose your medical information for purposes of treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights with respect to your medical information. “Medical Information” includes all paper and electronic records pertaining to your health care and payment for your health care.

Your Rights Regarding Your Medical Information

By law, you have the rights described below with respect to your medical information.

- **Right to Review and Obtain a Copy of Your Medical Information.** You have the right to review and obtain a copy of your medical information. However, under certain circumstances and, if permitted by law, we may deny your request. To inspect and copy your medical information, you must submit your request in writing to our Privacy Officer. If you request a copy of your medical information, we may charge a reasonable fee for the costs of labor, postage and supplies associated with your request, as permitted by law. You also may request a copy of your electronic health record, if we maintain an electronic health record and your medical information is readily producible in such form or format.

- **Right to Request a Restriction on Uses and Disclosures of Your Medical Information.** You have the right to request a restriction on uses and disclosures of your medical information for purposes of treatment, payment or health care operations or to individuals involved in your care. To request such restriction, you must make your request in writing to our Privacy Officer. In your request, you must tell us what information you want to limit, whether you want to limit our use, disclosure or both, and to whom you want the limits to apply (e.g., disclosures to a certain family member). We are not required to agree to a requested restriction unless your request is to restrict disclosures for purposes of carrying out payment or health care operations to your health plan,

which disclosures are not otherwise required by law, and the medical information pertains solely to the item or service for which you, or a party other than the health plan, have paid in full. We will notify you if we don't agree to your request for restriction. If we agree to your request for a restriction, we will comply with the restriction unless the information is needed to provide emergency treatment to you. Even if we agree to your request for a restriction, we will still be permitted to disclose your medical information to the Secretary of the Department of Health and Human Services and for other purposes described below when disclosure is permitted without your authorization (e.g., judicial proceedings, public health activities). We may terminate a previously agreed to restriction, except the restriction which we are required to accept as described above, in which case you will be notified of such termination.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you by using a specified method or at a specified location. For example, you can ask that we only contact you on your cell phone. To request confidential communications, you must submit your request in writing to our Privacy Officer. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted and to what address we may send bills for payment for services provided to you. We will accommodate all reasonable requests for confidential communications.

- **Right to Request Amendment of Your Medical Information.** You have the right to request an amendment of your medical information if you believe that the information we have about you is incorrect or incomplete. You have the right to request an amendment for as long as the information is kept by us. Your request for amendment must be in writing, submitted to our Privacy Officer and provide a reason that supports your request. We may deny your request for an amendment if you ask us to amend information that was not created by us, unless the person or entity that created the information is no longer available to make the amendment, is not part of the medical information about you kept by us, is not part of the information which you would be permitted to inspect and copy, or if we determine that your medical information is accurate and complete. If we accept your request, we will inform you about our acceptance and make the appropriate corrections. If we deny your request, we will inform you of this decision and give you a chance to submit to us a written statement disagreeing with the denial. We will add your written statement to your records and include it whenever we disclose the part of your medical information to which your written statement relates.

- **Right to Request Accounting of Disclosures.** You have the right to request an accounting of certain disclosures we have made of your medical information. To request this accounting of disclosures, you must submit your request in writing to our Privacy Officer. Your request must state a time period for which the accounting of disclosures is sought, which cannot be longer than six years prior to the date on which your request for accounting is made. The first accounting request within a 12-month period will be free. For additional requests, we may charge you for the reasonable costs of providing the accounting. We will notify you of the cost involved in advance and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Receive Breach Notice.** You have the right to receive notice in the event of a breach of your unsecured protected health information.

- **Right to Obtain Copy of This Notice.** You have the right to obtain a copy of this Notice upon request. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a copy of this Notice at our website: <http://www.CooperativeHomeCare.com>

Our Responsibilities Regarding Your Medical Information

We are required by law to:

- Maintain the privacy of your medical information;
- Provide you with this Notice concerning our legal duties and privacy practices with respect to your medical information;
- Provide you with notice following a breach of unsecured protected health information; and
- Abide by the terms of this Notice.

We reserve the right to change this Notice. We reserve the right to make the revised Notice effective for medical information we already have about you, as well as any information we receive in the future. We will post a copy of the current Notice on our website at <http://www.cooperativehomecare.com>. The Notice will specify the effective date of the Notice. Each time you visit our website, you will see a link to the current Notice in effect. Any new Notice will also be available to you by requesting that a copy be sent to you in the mail or provided to you during our visit to you.

Permitted Disclosures of Medical Information Without Your Authorization

Unless otherwise prohibited by law, we may disclose your medical information without obtaining your authorization as described below.

- **Treatment.** We may use and disclose your medical information to provide, coordinate or manage your treatment. For example, we may disclose your medical information to doctors, nurses, hospitals and other providers and facilities involved in your care. We may also share medical information about you to provide you with various items and services and to make arrangements for various health care services you may need. We may contact you to provide appointment reminders, patient registration information or to follow up about your medical care.
- **Payment.** We may use and disclose your medical information so that we may bill you or appropriate third party payors for the health care services we provide to you and receive payment for those services. For example, we may need to give your health plan information about treatment you received so your health plan will pay for your treatment or provide a prior approval of a particular procedure. We may also disclose your medical information to other health care providers so that those providers may receive payment for services provided to you.
- **Health Care Operations.** We may use and disclose your medical information for purposes of health care operations. Examples of health care operations activities include business planning and management, general administrative functions, quality assessment and improvement activities, protocol development, case management and care coordination, peer reviews and compliance audits. For instance, we may use your medical information to review the quality and competence of our health care providers. We may use your medical information to decide what additional services we should offer you, what services are not needed and whether certain health care practices are effective. We may also disclose information to other health care providers for review and learning purposes.

- **Family Members and Friends Involved In Your Care.** We may share your medical information with your family members, other relatives and close personal friends involved in your care or any other person identified by you, if we either obtain your agreement, provide you with an opportunity to object and you do not express an objection or reasonably infer, based on professional judgment, that you do not object to the disclosure. If you are not present at the time we disclose your medical information or the opportunity to agree or object to the disclosure cannot reasonably be provided because of your incapacity or emergent circumstances, we may, in the exercise of professional judgment, determine whether the disclosure is in your best interests and if so, disclose the medical information that is directly relevant to the person's involvement with your care or payment related to your health care. We may also use and disclose your medical information for the purpose of locating and notifying your relatives or friends of your location, general condition or death and to organizations that are involved in those tasks during disaster situations.
- **Compliance With Law.** We will make your medical information available to you, disclose your medical information to the Secretary of the Department of Health and Human Services and disclose your medical information to the extent the disclosure is required to comply with Federal or state law.
- **Public Health Activities.** We may disclose your medical information for public health activities to public health or other appropriate governmental authorities authorized by law to collect and receive such information in order to help prevent or control disease, injury or disability. This may include disclosing your medical information to report certain diseases, injuries, vital events such as births or deaths, child abuse or neglect, reporting information to the Food and Drug Administration if you experience an adverse reaction from any of the drugs, supplies or equipment, to enable product recalls or disclosing medical information for public health surveillance, public health investigations or interventions.
- **Health Oversight Activities.** We may disclose your medical information to government agencies so they can monitor, audit, investigate, inspect, discipline or license those who work in the health care system and engage in other activities authorized by law in order to provide for the proper oversight of the health care system or for government benefit programs for which health information is relevant to beneficiary eligibility.
- **Workers Compensation.** We may disclose your medical information as authorized by and to the extent necessary to comply with laws related to workers compensation or other similar programs established by law to provide benefits for work-related injuries or illnesses.
- **Judicial Proceedings.** We may disclose your medical information in the course of a judicial or administrative proceeding, in response to an order of a court or administrative tribunal, or in response to a subpoena, discovery request or other lawful process, subject to certain procedural requirements required by law.
- **Law Enforcement.** We may disclose your medical information to law enforcement officials to report criminal conduct that occurred on premises of our offices, to locate or identify a suspect, fugitive, material witness or a missing person, to alert law enforcement if a death has resulted from a criminal conduct or to report crime in emergencies if we provide medical care in response to a medical emergency outside of our facilities to alert law enforcement to the commission, nature, location, victims and perpetrators of such crime. In addition, we may disclose medical information to law enforcement

officials regarding a victim of a crime, in response to a subpoena, court order or warrant, administrative request or similar process authorized under law or as otherwise may be required by law.

- **Specialized Government Functions.** If you are a member of the Armed Forces, we may disclose your medical information as required by military command authorities to assure the proper execution of a military mission and with respect to foreign military personnel, to the appropriate foreign military authorities for the same purpose. We also may disclose your medical information for conducting national security and intelligence activities, including providing protective services to the President or other persons provided protective services under Federal law.
- **Correctional Institutions.** If you are in the custody of law enforcement or a correctional institution, we may disclose your medical information to the law enforcement official or the correctional institution as necessary for your health, the health of others or certain approved operations of the correctional institution.
- **Coroners, Medical Examiners and Funeral Directors.** We may disclose your medical information to coroners and medical examiners so that they can carry out their duties authorized by law and for purposes of identification of a deceased person or determining a cause of death. We may also disclose your medical information to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to a decedent.
- **Organ, Eye and Tissue Donation.** We may disclose your medical information to organ procurement organizations or other entities involved with obtaining, storing or transplanting organs, eyes or tissue of cadavers for donation and transplantation purposes.
- **Research.** We may use or disclose your medical information for research purposes provided that we comply with applicable Federal and state legal requirements.
- **Serious Threat to Health and Safety.** We may disclose your medical information as necessary to prevent or lessen a serious threat to health or safety of a person or the public.
- **Abuse, Neglect and Domestic Violence.** We may disclose your medical or contact information to a governmental authority authorized by law to receive reports of abuse, neglect or domestic violence, if we reasonably believe that you are a victim of abuse, neglect or domestic violence to the extent required or permitted by Federal or state law.
- **Business Associates.** We may share your medical information with third party business associates, which are various vendors that perform various services for us. For example, we may disclose your medical information to our vendors which provide to us billing, collection or information technology related services. To protect your medical information, however, we require our business associates to safeguard your medical information.

Uses and Disclosures of Medical Information Which Require Authorization

Obtaining your authorization is required for most uses and disclosures of psychotherapy notes, uses and disclosures of your medical information for marketing purposes (with the exception of our face to face communications with you and providing you with promotional gifts of nominal value) and disclosures

which constitute sale of your medical information. In addition, for other uses and disclosures of your medical information beyond the uses and disclosures described in this Notice, we are required to obtain your written authorization. For example, you will need to give us your written authorization before we send your medical information to your life insurance company. Certain Federal and state laws may require special privacy protections for certain medical information, including information that pertains to HIV/AIDS testing, diagnosis or treatment, mental health services, alcohol or drug abuse treatment services, genetic information and testing, sexual assault or other types of medical information. Sometimes state or Federal laws prohibit disclosure of medical information that is otherwise permitted to be made without an authorization under the HIPAA privacy rules. To the extent any such laws require special protection to any of your medical information and do not permit disclosure of such information without obtaining your written consent, we will comply with those laws.

How You May Revoke Your Authorization

You may revoke your authorization to release your medical information if you notify us in writing at any time but we cannot take back any medical information that has already been disclosed by us in reliance of your prior authorization approving such disclosure. Your request to revoke your authorization must be sent to our Privacy Officer.

For More Information or to Report a Complaint

If you have questions or would like more information about our privacy practices, you may contact our Privacy Officer, Lyn Thoma at 314-772-8585 ext. 332. If you believe your privacy rights have been violated, you may file a written complaint with our Privacy Officer or with the Secretary of the Department of Health and Human Services. We will not retaliate against you for filing a complaint. To file a complaint with Cooperative, please direct your complaint to:

Lyn Thoma, Privacy Officer
Cooperative Home Care
1924 Marconi Ave.
St. Louis, MO 63110
Phone: 314-772-8585 ext. 332

Effective Date: September 23, 2013