

Other Uses or Disclosures: If you provide us written authorization to use or disclose your health information, you can change your mind and revoke your authorization at any time, as long as you revoke your authorization in writing. If you revoke your authorization, we will no longer use or disclose the information, but we will not be able to take back any disclosures that we have already made.

YOUR RIGHTS WITH RESPECT TO HEALTH INFORMATION

1 . Right to Inspect and Copy Your Health

Information: You have the right to inspect and copy your health information, with certain exceptions. If you request copies of information, we may charge a fee for costs associated with your request, including the cost of copies, mailing or other supplies.

2 . Right to Request Information in Certain

Form and Location: You have the right to request health information in a certain form or at a specific location. For instance, you can request that we not contact you at work. The request must tell us how and/or where you want to receive information. We will accommodate reasonable requests.

3 . Right to Request Amendment to Your

Health Information: You have a right to request that your health information be amended if you believe that it is incorrect or incomplete. You must provide the reason that you want the amendment added to your health information. Your request must be in writing.

4 . Right to Accounting of Disclosures:

You have the right to receive an accounting of disclosures of medical information that we have made, with some exceptions. You have the right to receive one (1) free accounting every twelve (12) months. If you request more than one (1) accounting in any twelve

month period, we may charge you a reasonable fee for the costs of providing that list.

5 . Right to Request Restrictions: You have the right to request that we restrict any use or disclosure of your health information. If we agree to your restriction, we will comply with your request. For example, a patient who does not want his or her physician to share health information with other physicians involved in his or her care may request to restrict such disclosure. We are not required to accept any restriction that you request.

Federal law gives all patients a right to a paper copy of this Notice. If you have agreed to receive this Notice in another form, you can still request a paper copy of this Notice. To obtain a paper copy of this Notice or to submit a written request related to “Your Rights” contact Angels On Duty, Inc.

PRIVACY COMPLAINTS If you have any questions about the content of this Notice, or if you need to contact someone regarding the privacy of your health information, please contact:



PHONE: 636-980-HALO (4256)

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint with either, Angels On Duty, Inc. or the U.S. Department of Health and Human Services.

We reserve the right to change or modify the information contained in this Notice.



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.

This Notice is intended to inform you about our practices related to your medical records. It will explain how Angels On Duty, Inc. may use and disclose your medical information, our obligations related to use and disclosure of your medical information, and your rights related to any medical information that we have about you.

We have listed some of the reasons why we might use or disclose your medical information with some examples. Not every potential use or disclosure is discussed, but all of the ways that we are allowed to use and disclose information falls into one of the categories below.

USE AND DISCLOSURE OF MEDICAL INFORMATION:

For Treatment: To provide you with medical treatment or services, we may need to use or disclose information about you to personnel involved in your treatment. For example, a private duty nurse may need to consult another provider regarding your treatment plan.

For Payment: We may use and disclose your medical information to bill or receive payment for the treatment that you received. For example, we may use or disclose your medical information to your insurance company about a service you received from Angels on Duty, Inc. so that your insurance company can pay us or reimburse you for the services.

For Health Care Operations: We can use and disclose medical information about you for our operations. For example, we may use or disclose medical information about you to evaluate our staff's performance in caring for you.

USE AND DISCLOSURES OF MEDICAL INFORMATION THAT DO NOT REQUIRE YOUR AUTHORIZATION

We can use or disclose health information about you without your authorization when there is an emergency, when we are required by law to treat you, or when we are required by law to use or disclose certain information. We may use or disclose your health information without your authorization in any of the following circumstances.

When it is required by federal, state or other law;

When it is needed for public health activities;

When reporting information about victims of abuse, neglect, or domestic violence;

When disclosing information for the purpose of health oversight activities;

When disclosing information for judicial and administrative proceedings;

When disclosing information for law enforcement purposes;

When disclosing information for research purposes;

When disclosing information for research purposes;

When we believe in good faith that the disclosure is necessary to avert a serious health or safety threat;

When disclosure is necessary for specialized government functions;

When disclosure is necessary to comply with worker's compensation laws or purposes.

PLANNED USES OR DISCLOSURES

We may use or disclose your health information for any of the purposes described in this section unless you affirmatively object to or otherwise restrict a particular release. You may direct your objections or restrictions in writing to your caregiver or to the appropriate office listed in this Notice.

We may use or disclose your health information to contact you and remind you about an appointment for treatment or medical care.

We may use or disclose your health information to provide you with information about or recommendations of possible treatment options or alternatives that may interest you.

We may release health information about you to a friend and/or family member who is involved in your care. We can tell your family and/or friend of your condition and that you are using Angels On Duty, Inc. for treatment or services. We can also give this information to someone who will help or is helping to pay for your care.

We can disclose health information about you to a public or private entity that is authorized by law or its charter to assist in disaster relief efforts. (e.g. the American Red Cross)