



NOTICE OF PRIVACY PRACTICES OF ASCENSION AT HOME, LLC

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.

Your health information is personal, and we are committed to protecting it. Your health information is also very important to our ability to provide you with quality care, and to comply with certain laws. This Notice applies to all records about care provided to you by Ascension at Home, LLC and its subsidiaries. (Your physician may have different policies and a different notice regarding your health information that is created in the physician's office.)

I. We Are Legally Required to Safeguard Your Protected Health Information.

We are required by law to:

- A. maintain the privacy of your health information, also known as “protected health information” or “PHI;”
- B. notify you following a breach of unsecured PHI, under certain circumstances;
- C. provide you with this Notice, and
- D. comply with this Notice.

II. Future Changes to Our Practices and This Notice.

We reserve the right to change our privacy practices and to make any such change applicable to the PHI we obtained about you previously. If a change in our practices is material, we will revise this Notice to reflect the change. You may obtain a copy of any revised Notice by contacting the Ethics & Compliance Department at 877-835-5267. We will also make any revised Notice available on our website at www.ascensionathome.com

III. How We May Use and Disclose Your Protected Health Information.

The law requires us to have your authorization for some uses and disclosures. In other circumstances, the law allows us to use or disclose PHI without your authorization. This section gives examples of each of these circumstances

Uses and Disclosures That Require Us to Give You the Opportunity to Object. Unless you object, we may provide relevant portions of your PHI **to a family member, friend or other person you indicate** is involved in your health care or in helping you get payment for your health care. We may use or disclosure your PHI to notify your family or personal representative of your location or condition. In an emergency or when you are not capable of agreeing or objecting to these disclosures, we will disclose PHI as we determine is in your best interest, but will tell you about it later, after the emergency, and give you the opportunity to object to future

disclosures to family and friends. Unless you object, we may also disclose your PHI to persons performing disaster relief activities.

A. **Certain Uses and Disclosures Do Not Require Your Authorization** The law allows us to disclose PHI without your authorization in the following circumstances:

- (1) When Required by Law.
- (2) For Public Health Activities.
- (3) For Reports About Victims of Abuse, Neglect or Domestic Violence.
- (4) To Health Oversight Agencies.
- (5) For Lawsuits and Disputes.
- (6) To Law Enforcement. We may release PHI if asked to do so by a law enforcement official, in the following circumstances: (a) in response to a court order, subpoena, warrant, summons or similar process; (b) to identify or locate a suspect, fugitive, material witness or missing person; (c) about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (d) about a death we believe may be due to criminal conduct; (e) about criminal conduct at our facility; and (f) in emergency circumstances, to report a crime, its location or victims, or the identity, description or location of the person who committed the crime.
- (7) To Coroners, Medical Examiners and Funeral Directors.
- (8) To Organ Procurement Organizations.
- (9) For Medical Research. We may disclose your PHI without your authorization to medical researchers who request it for approved medical research projects
- (10) To Avert a Serious Threat to Health or Safety.
- (11) For Specialized Government Functions.
- (12) To Workers' Compensation or Similar Programs.

IV. Other Uses and Disclosures of Your Protected Health Information.

Other uses and disclosures of your PHI that are not covered by this Notice or the laws that apply to us will be made only with your written authorization. The law also requires your written authorization before we may use or disclose: (i) psychotherapy notes, other than for the purpose of carrying out our treatment, payment or health care operations purposes, (ii) any PHI for our marketing purposes or (iii) any PHI as part of a sale of PHI. If you give us written authorization for a use or disclosure of your PHI, you may revoke that authorization, in writing, at any time. If you revoke your authorization we will no longer use or disclosure your PHI for the purposes specified in the written authorization, except that we are unable to retract any disclosures we have already made with your permission. In addition, we can use or disclose your PHI after you have revoked your authorization for actions we have already taken in reliance on your authorization. We are also required to retain certain records of the uses and disclosures made when the authorization was in effect.

V. Your Rights Related to Your Protected Health Information.

You have the following rights:

A. **The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask us to limit how we use and disclose your PHI. Any such request must be submitted in writing to our Privacy Officer. We are not required to agree to your request. If we do agree, we will put it in writing and will abide by the agreement except when you require emergency treatment. Notwithstanding the foregoing, we must agree to a restriction on the use or disclosure of your PHI if: (i) the disclosure is for our payment or health care operations purposes and is not otherwise required by law and (ii) you or another person acting on your behalf has paid for our services in full.

B. **The Right to Choose How We Communicate With You.** You have the right to ask that we send information to you at a specific address (for example, at work rather than at home) or in a specific manner (for example, by e-mail rather than by regular mail, or never by telephone). We must agree to your request as long as it would not be disruptive to our operations to do so. You must make any such request in writing, addressed to our Privacy Officer.

C. **The Right to See and Copy Your PHI.** Except for limited circumstances, you may look at and copy your PHI if you ask in writing to do so. Any such request must be addressed to our Billing Center, which will respond to your request within 10 days (or 30 days if the extra time is needed). In certain situations we may deny your request, but if we do, we will tell you in writing of the reasons for the denial and explain your rights with regard to having the denial reviewed. If we keep your information in an electronic format, you may request that we provide it to you in that format and we will do so if it would be feasible.

D. **The Right to Correct or Update Your PHI.** If you believe that the PHI we have about you is incomplete or incorrect, you may ask us to amend it. Any such request must be made in writing and must be addressed to our Billing Center, and must tell us why you think the amendment is appropriate. We will not process your request if it is not in writing or does not tell us why you think the amendment is appropriate. We will act on your request within 30 days or less if state law requires (or 60 days if the extra time is needed), and will inform you in writing as to whether the amendment will be made or denied. If we agree to make the amendment, we will ask you who else you would like us to notify of the amendment.

We may deny your request if you ask us to amend information that:

- (1) was not created by us, unless the person who created the information is no longer available to make the amendment;
- (2) is not part of the PHI we keep about you;
- (3) is not part of the PHI that you would be allowed to see or copy; or
- (4) is determined by us to be accurate and complete.

If we deny the requested amendment, we will tell you in writing how to submit a statement of disagreement or complaint, or to request inclusion of your original amendment request in your PHI.

E. The Right to Get a List of the Disclosures We Have Made. You have the right to get a list of instances in which we have disclosed your PHI. The list will not include disclosures we have made for our treatment, payment and health care operations purposes, those made directly to you or your family or friends or through our facility directory, or for disaster relief purposes. Neither will the list include disclosures we have made for national security purposes or to law enforcement personnel, or disclosures made before April 14, 2003, as applicable.

Your request for a list of disclosures must be made in writing and be addressed to the Billing Center address that is listed on your invoice. We will respond to your request within 30 days, or less if state law requires (or 60 days if the extra time is needed). The list we provide will include disclosures made within the last six years unless you specify a shorter period. The first list you request within a 12-month period will be free. You will be charged our costs for providing any additional lists within the 12-month period.

F. The Right to Get a Paper Copy of This Notice. Even if you have agreed to receive the Notice by e-mail, you have the right to request a paper copy as well. You may obtain a paper copy of this Notice by contacting the Ethics & Compliance Department at 877-835-5267. The Notice is also available on-line at www.ascensionathome.com.

VI. Complaints.

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the federal Department of Health and Human Services. To file a complaint with the DHHS put your complaint in writing and address it to the U S Department of Health & Human Services, 200 Independence Ave. S.W., Washington DC, 20201. Or call them at 877-696-6775. To file a complaint with us, put your complaint in writing and address it to our HIPAA Privacy Officer at Evolution Health, 13737 Noel Rd, Suite 1200, Dallas, TX, 75240. You may also contact our Privacy Officer at 877-835-5267 to file a complaint, or if you have questions or comments about our privacy practices. We will not retaliate against you for filing a complaint.