

NOTICE OF PRIVACY PRACTICES

Home at Heart Care, Inc.
P.O. Box 183
Clearbrook, MN 56634

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice ("Notice") takes effect on [REDACTED] and remains in effect until replaced by Home at Heart Care, Inc. (herein, "We" or "Us").

1. OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION

The privacy of Your protected health information is important to us. We understand that Your protected health information is personal and We are committed to protecting it. We create a record of the care and services You receive through our organization. We need this record to provide You with quality care and to comply with certain legal requirements. This notice will tell You about the ways We may use and share protected health information about You. We also describe Your rights and certain duties We have regarding the use and disclosure of protected health information.

2. OUR LEGAL DUTY

We are legally required to:

- Keep Your protected health information private.
- Give You this notice describing our legal duties, privacy practices, and Your rights regarding Your protected health information.
- Follow the terms of the current notice.

We Have the Right to:

- Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.
- Make the changes in our privacy practices and the new terms of our notice effective for all protected health information that We keep, including information previously created or received before the changes.

Notice of Change to Privacy Practices:

- Before We make an important change in our privacy practices, We will change this Notice and deliver a copy of the new Notice to You before such changes will be effective as to You.

3. USE AND DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION

The following section describes different ways that We use and disclose protected health information. Not every use or disclosure will be listed. However, We have listed all of the different ways We are permitted to use and disclose protected health information. We will not use or disclose Your protected health information for any purpose not listed below, without Your specific written authorization. Any specific written authorization You provide may be revoked at any time by writing to us at the address provided at the end of this Notice.

FOR TREATMENT: We may use protected health information about You to provide You with medical treatment or services. We may disclose protected health information about You to doctors, nurses, technicians, medical students, therapists, pharmacists, case managers or other people who are taking care of You. We may also share protected health information about You to Your other health care providers to assist them in treating You.

For example, Your protected health information may be provided to a new physician or health care provider (e.g., a specialist or laboratory) to whom You have been referred to ensure that the physician has the necessary information to diagnose or treat You. We may also provide Your personal physician, or health care providers that You use after using our services, with information regarding the services We have provided to You to assist such providers in treating You after You have discontinued receiving our services.

FOR PAYMENT: We may use and disclose Your protected health information for payment purposes. A bill may be sent to You or a third-party payer. The information on or accompanying the bill may include Your protected health information. This may include certain activities that a third-party payer (such as a governmental agency or health insurance plan) may undertake before it approves or pays for the health care services We recommend for You.

For example, We may need to give Your health insurance company information about services We have provided so they will pay us or reimburse You for the services. We may also tell Your health plan about services You are going to receive from us to determine whether the services are covered under Your plan.

FOR HEALTH CARE OPERATIONS: We may use and disclose Your protected health information for our health care operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting the accreditation, certificates, licenses and credentials We need to serve You.

ADDITIONAL USES AND DISCLOSURES: In addition to using and disclosing Your protected health information for treatment, payment, and health care operations, We may use and disclose protected health information for the following purposes:

- ***Persons Involved in Your Health Care:*** Unless You object, We may use and disclose protected health information to notify or help notify: a family member, close friend, Your personal representative or another person responsible for Your care or any other person(s) You identify as Your emergency contact(s). We will

share information about Your location, general condition, or death. If You are present, We will get Your permission if possible before We share, or give You the opportunity to refuse permission. In case of emergency, and if You are not able to give or refuse permission, We will share only the protected health information that is directly necessary for Your health care, according to our personal judgment. We will also use our professional judgment to make decisions in Your best interest about allowing someone to pick up medicine, medical supplies, x-ray or protected health information for You.

- **Disaster Relief:** We may share protected health information with a public or private organization or person who can legally assist in disaster relief efforts.
- **Research in Limited Circumstances:** We may use protected health information for research purposes in limited circumstances where the research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of protected health information.
- **Funeral Director, Coroner, Medical Examiner:** To help them carry out their duties, as authorized by law, We may share the protected health information of a person who has died with a coroner, medical examiner, funeral director, or an organ procurement organization. Your protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.
- **Specialized Government Functions:** Subject to certain requirements, We may disclose or use protected health information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations, and for government programs providing public benefits.
- **Court Orders and Judicial and Administrative Proceedings:** We may disclose protected health information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, We may share Your protected health information with law enforcement officials. We may share limited information with a law enforcement official concerning the protected health information of a suspect, fugitive, material witness, crime victim or missing person. We may share the protected health information of an inmate or other person in lawful custody with a law enforcement official or correctional institution under certain circumstances.
- **Public Health Activities:** As required by law, We may disclose Your protected health information to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse or neglect, if the public health authority is permitted by law to collect or receive the information. We may also disclose Your protected health information to persons subject to jurisdiction of the Food and Drug Administration for purposes of reporting adverse events associated with product defects or problems, biologic product

deviations, to enable product recalls, repairs or replacements, to track products, to conduct post marketing surveillance, as required, or to conduct activities required by the Food and Drug Administration. We may also, when We are authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition. We may disclose Your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

- ***Victims of Abuse, Neglect, or Domestic Violence:*** We may use and disclose protected health information to appropriate authorities that are authorized by law to receive such information, if We reasonably believe that You are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may share Your protected health information if it is necessary to prevent a serious threat to Your health or safety or the health or safety of others. We may share protected health information when necessary to help law enforcement officials capture a person who has admitted to being part of a crime. In all such cases the disclosure will be made consistent with the requirements of applicable federal and state laws.
- ***Workers Compensation:*** We may disclose protected health information when authorized or necessary to comply with laws relating to workers compensation or other similar programs.
- ***Health Oversight Activities:*** We may disclose protected health information to an agency providing health oversight for activities authorized by law, including audits, civil, administrative, or criminal investigations or proceedings, inspections, licensure or disciplinary actions, or other authorized activities.
- ***Law Enforcement:*** Under certain circumstances, We may disclose health information to law enforcement officials. These circumstances include reporting required by certain laws (such as the reporting of certain types of wounds), pursuant to certain subpoenas or court orders, reporting limited information concerning identification and location at the request of a law enforcement official, reporting death, crimes on our premises, and crimes in emergencies. Consistent with applicable federal and state laws, We may disclose Your protected health information if We believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public.
- ***Appointment Reminders:*** We may use and disclose protected health information for purposes of sending You appointment postcards or otherwise reminding You of Your appointments.
- ***Alternative and Additional Medical Services:*** We may use and disclose protected health information to furnish You with information about health-related

4. YOUR INDIVIDUAL RIGHTS

Following is a statement of Your rights with respect to Your protected health information and a brief description of how You may exercise these rights.

You Have a Right to:

1. Inspect or get copies of certain parts of Your protected health information so long as We maintain the protected health information. You may request that We provide copies in a format other than photocopies. We will use the format You request unless it is not practical for us to do so. You must make Your request in writing. You may get the form to request access by using the contact information listed at the end of this Notice. You may also request access by sending a letter to the contact person listed at the end of this Notice. If You request copies, We reserve the right to charge You \$0.25 for each page, plus postage if You want the copies mailed to You. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure. Under federal law, however, You may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding; and laboratory results that are subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, You may have a right to have this decision reviewed. Please contact our personnel identified below if You have questions about access to Your protected health information.
2. Receive a list of all the times We or our business associates shared Your protected health information for purposes other than treatment, payment, and health care operations and other specified exceptions. This right excludes disclosures We may have made to You if You authorized us to make the disclosure, to family members or friends involved in Your care, or for notification purposes, for national security or intelligence, to law enforcement under applicable law or correctional facilities, as part of a limited data set disclosure. The right to receive this information is subject to certain exceptions, restrictions and limitations.
3. Request that We place additional restrictions on our use or disclosure of Your protected health information. We are not required to agree to these additional restrictions, but if We do, We will abide by our agreement (except in the case of an emergency). Your request must state the specific restriction(s) requested and to whom You want the restriction(s) to apply. We are required to notify You if We are unable to agree to a requested restriction. Your physician is not required to agree to a restriction that You may request. If Your physician does not agree to the requested restriction, We may not use or disclose Your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss in advance with Your physician any restriction You wish to request. You must request the restriction in writing to the contact person listed below.

4. Request that We communicate with You about Your protected health information by different means or to different locations. Your request that We communicate Your protected health information to You by different means or at different locations must be made in writing to the contact person listed at the end of this Notice. We will accommodate reasonable requests. We may also condition this accommodation by asking You for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from You as to the basis for the request.

5. Request that We change certain parts of Your protected health information. We may deny Your request if We did not create the information You want changed or for certain other reasons. IF We deny Your request, We will provide You a written explanation. You may respond with a statement of disagreement that will be added to the information You wanted changed. If We accept Your request to change the information, We will make reasonable efforts to tell others, including people You name, of the change and to include the changes in any future sharing of that information. You must request the change in writing to the contact person listed below.

6. If You have received this Notice electronically, and wish to receive a paper copy, You have the right to obtain a paper copy by making a request in writing to the contact person listed at the end of this Notice.

QUESTIONS AND COMPLAINTS

If You have any questions about this Notice or if You think that We may have violated Your privacy rights, please contact us. You may also submit a written complaint to the U.S. Department of Health and Human Services. You may contact us to submit a complaint or submit requests involving any of Your rights in Section 4 of this Notice by writing to us at the following address:

Home at Heart Care, Inc.
P.O. Box 183
Clearbrook, MN 56634

We will provide You with the address to file Your complaint with the U.S. Department of Health and Human Services, and/or the Minnesota Department of Human Services at the following address:

Office of Civil Rights
Medical Privacy, Complaint Division
U.S. Department of Health and Human Services
200 Independence Avenue S.W.
HHH Building, Room 509H
Washington, D.C. 20201
Tel: 866-627-7748
TTY: 866-788-4989

Attn: Privacy Official
Minnesota Department of Human Services
444 Lafayette Road North
St. Paul, MN 55155-3813
Tel. 651-296-5764

We will not retaliate or deny or reduce Your services in any way if You choose to file a complaint.

We reserve the right to make changes to this Notice of Privacy Practices. Such revisions or changes will be effective for information We already have about You as well as any information We receive in the future. The current Notice will be provided to You at the time We first provide services and include the effective date. We will provide You with a copy of all changes to this Notice so long as You are receiving services from us. All changes will be effective as to You after You have received Notice of such changes.

Uses and disclosures of Your protected health information not covered in this Notice of Privacy Practices will be made only with the written permission of You or Your authorized representative.

You may grant us such permission through execution and delivery of a written Home at Heart Care Individual Patient's Authorization Form ("Authorization"). If You provide us an Authorization to use or disclose Your protected health information, You may revoke the Authorization, in writing delivered to the contact person below, at any time. If You revoke such Authorization, We will no longer use or disclose Your protected health information for the reasons covered by the Authorization. You understand that We are unable to take back any disclosures We have already made under an Authorization before it is revoked, and We are required to retain our records of services We provide to You.

Notwithstanding anything in this Notice of Privacy Practices to the contrary, Home at Heart Care, Inc. will comply in all respects with the requirements of the Health Insurance Portability and Accountability Act (HIPAA); the Standards for Privacy and Security of Individually Identifiable Health Information promulgated at 45 CFR Parts 160 and 164; the Minnesota Data Privacy Act; and all other applicable similar federal, state and/or local statutes, laws, ordinances, regulations, rules and interpretive guidance, and any and all amendments to any of the foregoing.