



REMEDI SENIORCARE  
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.

For more information about the privacy of your medical information, visit the Office of Civil Rights website at <http://www.hhs.gov/ocr/hipaa/>.

**I. Our Duty to Safeguard Your Protected Health Information**

We are committed to preserving the privacy and confidentiality of your health information. We are required by certain state and federal regulations to implement policies and procedures to safeguard your health information. Copies of our privacy policies and procedures are maintained in our business office. We are required by state and federal regulations to abide by the privacy practices described in this notice, including any future revisions that we may make to the notice as may become necessary or as authorized by law.

Individually identifiable information about your past, present, or future health or condition, the provision of healthcare to you, or payment for the healthcare treatment or services you receive is considered protected health information. Accordingly, we are required to provide you with this Privacy Notice that contains information regarding our privacy practices to explain how, when and why we may use or disclose your protected health information and your rights and our obligations regarding any such uses or disclosures. Except in specified circumstances, we must use or disclose only the minimum amount of protected health information necessary to accomplish the intended purpose of the use or disclosure of such information.

We reserve the right to change this notice at any time and to make the revised or changed notice effective for protected health information that we already have about you as well as any information we receive in the future about you. Should we revise/change this Privacy Notice, we will promptly post the revision on this internet website. You also may request and obtain a copy of any new/revised Privacy Notice from the contact person identified at the bottom of this notice. The Privacy Notice will contain an effective date at the bottom of the Privacy Notice.

Should you have questions concerning our Privacy Notice, our contact information is listed at the bottom of this document.

**II. How We May Use and Disclose Your Protected Health Information**

We are permitted use and disclose protected health information for a variety of purposes. We have a limited right to use and/or disclose your protected health information for purposes of treatment, payment, or for healthcare operations. For other uses and disclosures, you must give us your written authorization to release your protected health information unless the law permits or requires us to make the use or disclosure without your authorization.

Should it become necessary to release or give access to your protected health information to an outside party performing services on our behalf (e.g., maintaining our computers), we will require the party to have a signed agreement with us that the party will extend the same degree of privacy protection to your information as we do.

The privacy law permits us to make some uses or disclosures of your protected health information without your consent or authorization. The following describes each of the different ways that we may use or disclose your protected health information. Where appropriate, we have included examples of the different types of uses or disclosures. These include:

#### **1. Use and Disclosures Related to Treatment**

We may use your protected health information to provide or coordinate your healthcare. We may disclose your protected health information to those who are involved in providing medical and nursing care services and treatments to you. For example we may release protected health information about you to nurses, nursing assistants, medication aides/technicians, medical and nursing students, therapists, other pharmacists, medical records personnel, other consultants, physicians, etc. We may also disclose your protected health information to outside entities performing other services relating to your treatment; such as long-term care facilities, hospitals, diagnostic laboratories, home health/hospice agencies, family members, etc.

#### **2. Use and Disclosures Related to Payment**

We may use or disclose your protected health information to bill and collect payment for items or services we provided to you. For example, we may contact your insurance company, health plan, or another third party to obtain payment for services we provided to you – unless you have requested that we not bill your health plan as discussed under IV.I below.

#### **3. Use and Disclosures Related to Healthcare Operations**

We may use or disclose your protected health information for the performance of certain functions in monitoring and improving the quality of care and services that you and others receive. For example, we may use your protected health information to evaluate the effectiveness of the care and services you are receiving. We may also disclose your protected health information for auditing, care planning, quality improvement, and learning purposes.

#### **4. Additional Permitted Uses and Disclosures**

Federal law also allows us to use and disclose your protected health information for the following purposes, without your authorization, subject to all applicable legal requirements and limitations:

- **When Required by Law:** We may disclose your protected health information when required by federal, state, or local law.
- **Friends and Family Involved in Your Care:** We may disclose your protected health information to a person involved in your care or who helps to pay for your care, such as a family member or friend, when you are incapacitated or in an emergency, or when you agree or fail to object when given the opportunity. If you are unable or unavailable to object, we will use our best judgment to decide if the disclosure is in your best interests.
- **Business Associates:** We may disclose your protected health information to our vendors (known as business associates) as part of a contracted agreement to perform services for us. Our business associates are required, under contract with us and by law, to protect the

privacy of your information and are not allowed to use or disclose any information other than as specified in our contract or as permitted by federal privacy laws.

- **Outsourcing pharmacies:** Your information may be shared with another pharmacy or network of pharmacies (such as MedCall) that assist in the dispensing process or as part of a backup pharmacy service.
- **Abuse, Neglect, or Domestic Violence:** As required or permitted by law, we may disclose protected health information about you to a state or federal agency to report suspected abuse, neglect, or domestic violence. If such a report is optional, we will use our professional judgment in deciding whether or not to make such a report. If feasible, we will inform you promptly that we have made such a disclosure.
- **Communicable Diseases:** To the extent authorized by law, we may disclose information to a person who may have been exposed to a communicable disease or who is otherwise at risk of spreading a disease or condition.
- **Disaster Relief:** We may disclose protected health information about you to government entities or private organizations (such as the Red Cross) to assist in disaster relief efforts.
- **Food and Drug Administration (FDA):** We may disclose protected health information about you to the FDA, or to an entity regulated by the FDA, in order, for example, to report an adverse event or a defect related to a drug or medical device.
- **For Public Health Activities:** As required or permitted by law, we may disclose protected health information about you to a public health authority, for example, to report disease, injury, or vital events such as death.
- **For Health Oversight Activities:** We may disclose your protected health information to a health oversight agency such as a protection and advocacy agency, or to other agencies responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents or to ensure that we are in compliance with applicable state and federal laws and regulations, including civil rights laws.
- **To Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations or Tissue Banks:** We may disclose your protected health information to a coroner or medical examiner for the purpose of identifying a deceased individual or to determine the cause of death. We may also disclose your protected health information to a funeral director for the purposes of carrying out your wishes and/or for the funeral director to perform his/her necessary duties. If you are an organ donor, we may disclose your protected health information to the organization that will handle your organ, eye, or tissue donation for the purposes of facilitating your organ or tissue donation or transplantation.
- **For Research Purposes:** We may use or disclose your protected health information in limited circumstances for research purposes without your authorization. The research must meet privacy law requirements, including obtaining approval through a special review process.
- **To Avert a Serious Threat to Health or Safety:** We may disclose your protected health information to avoid a serious threat to your health or safety or to the health or safety of others. When such disclosure is necessary, information will only be released to those law enforcement agencies or individuals who have the ability or authority to prevent or lessen the threat of harm.
- **For Judicial or Administrative Proceedings:** We may disclose protected health information about you in the course of a judicial or administrative proceeding, in accordance with our legal obligations.
- **To Law Enforcement:** We may disclose protected health information about you to a law enforcement official for certain law enforcement purposes. For example, we may report

certain types of injuries as required by law, assist law enforcement to locate someone such as a fugitive or material witness, or make a report concerning a crime or suspected criminal conduct.

- **Minors:** If you are an unemancipated minor as defined under state law, there may be circumstances in which we disclose protected health information about you to a parent, guardian, or other person acting in loco parentis, in accordance with our legal and ethical responsibilities.
- **Parents:** If you are a parent of an unemancipated minor, and are acting as the minor's personal representative, we may disclose protected health information about your child to you under certain circumstances. For example, if we are legally required to obtain your consent as your child's personal representative in order for your child to receive care or services from us, we may disclose protected health information about your child to you. In some circumstances, we may not disclose protected health information about an unemancipated minor to you. For example, if your child is legally authorized to obtain services (without separate consent from you), and does not request that you be treated as his or her personal representative, we may not be required to disclose protected health information about your child to you without your child's written authorization.
- **To Personal Representatives:** If you are an adult or emancipated minor, we may disclose protected health information about you to a personal representative authorized to act on your behalf in making decisions about your healthcare.
- **For Specific Government Functions:** We may disclose protected health information about you for certain specialized government functions, as authorized by law. Among these functions are the following: military command; determination of veteran's benefits; national security and intelligence activities; protection of the president and other officials; and the health, safety, and security of correctional institutions.
- **For Workers' Compensation:** We may disclose protected health information about you for purposes related to workers' compensation, as required and authorized by law.
- **Limited Data Sets:** We may use or disclose limited components of your protected health information in a "limited data set," from which certain identifiers like names and contact information have been removed. We must enter into an agreement with the information's recipient, and the purpose of the use or disclosure must be limited to research, public health, or our health care operations.
- **Prescription Drug Monitoring Program:** Information regarding controlled substance prescriptions may be submitted to a Prescription Drug Monitoring Program as required by state law. This information may be queried by specific individuals for a limited number of purposes as authorized by statute.

### III. Uses and Disclosures Requiring Your Written Authorization

We will not make any of the following uses or disclosures of your protected health information without first obtaining your authorization: (1) making communications about products or services that encourage you or other recipients to purchase or use the products or services (i.e. marketing communications), or (2) disclosing your protected health information in exchange for payment or other benefit (i.e., sale of PHI), except in limited situations permitted by federal law. In addition, except for the uses and disclosures described and limited as set forth in this Notice, we will not otherwise use or disclose your protected health information without your written authorization. If you give us authorization to use or disclose your protected health information, you have the right to

revoke an authorization at any time to stop future uses or disclosures of your information except to the extent that we have already undertaken an action in reliance upon your authorization. Your revocation request must be provided to us in writing. Our contact information for purposes of revoking your authorization is listed at the bottom of this document. You may use our Authorization for Use or Disclosure of Protected Health Information form and/or our Revocation of an Authorization form to submit your request to us. Copies of these forms are available upon request.

Examples of uses or disclosures that would require your written authorization include, but are not limited to, the following:

- A request to provide your protected health information to an attorney for use in a civil litigation claim.
- A request to provide certain information to an insurance or pharmaceutical company for the purposes of providing you with information relative to insurance benefits or new medications that may be of interest to you.
- A request to provide protected health information to another individual or facility, where no exception from the written authorization requirement applies.

#### **IV. Your Rights Regarding Your Protected Health Information**

You have the following rights concerning the use or disclosure of your protected health information that we create or that we may maintain about you:

##### **1. To Request Restrictions on Uses and Disclosures of Your Protected Health Information:**

You have the right to request that we limit how we use or disclose your protected health information for treatment, payment or healthcare operations. You also have the right to request a limit on the protected health information we disclose about you to someone who is involved in your care or the payment for your care or services. For example, you could request that we not disclose to family members or friends information about a medical treatment you received. You also have the right to request a restriction or limitation on the health information we send to health plans in certain circumstances, provided the health information concerns only a health care item or service for which you paid in full out-of-pocket.

Should you wish a restriction placed on the use and disclosure of your protected health information, you must submit such request in writing. Such request should be submitted using our Request to Restrict the Use and Disclosure of Protected Health Information form. Our contact information for purposes of making such a request is listed at the bottom of this document.

We are not required to agree to your restriction request, unless it is to restrict certain disclosures of health information by us to a health plan concerning a health care item or service for which you paid in full out-of-pocket. You will be informed if we decline your request. If we accept your request, we will comply with your request not to release such information unless the information is needed to provide emergency care or treatment to you.

##### **2. The Right to Inspect and Copy Your Health and Billing Records:**

You have the right to inspect and copy your protected health information, such as your prescription and billing records. This right applies to both paper and electronic information. If you request access

to electronic information, you have a right to receive an electronic copy of your protected health information. You also have a right to designate another person to receive your protected health information, after clearly identifying this person to us, and we will send your health information directly to him or her. In some cases, you may also receive a summary of your health information. In order to inspect and/or copy your protected health information, you must submit a written request to us. If you request a copy of your prescription or billing information or other records, we may charge you a reasonable cost-based fee for the costs of labor involved in filing your requests. We will provide you with information concerning the cost of copying your protected health information prior to performing such service. Such requests should be submitted on our Request for Inspection/Copy of Protected Health Information form. Our contact information for such requests is listed at the bottom of this document.

We will respond within thirty (30) days of receipt of such requests. Should we deny your request to inspect and/or copy your protected health information, we will provide you with written notice of our reasons of the denial and your rights for requesting a review of the denial, if any. In the event of a review, we will select a licensed healthcare professional not involved in the original denial process to review your request and our reasons for denial. We will abide by the reviewer's decision concerning your inspection/copy requests. Your denial review request should be submitted on our Denial of Inspection/Copy of Protected Health Information form. Copies of these forms are available from the contact person listed at the bottom of this document.

### **3. The Right to Amend or Correct Your Protected health information:**

You have the right to request that your protected health information be amended or corrected if you have reason to believe that certain information is incomplete or incorrect. You have the right to make such requests of us for as long as we maintain/retain your protected health information. Your requests must be submitted to us in writing. We will respond within sixty (60) days of receiving the written request, unless an extension is necessary, in which case you will be notified, and receive a response to your request within ninety (90) days. If we approve your request, we will make such amendments/corrections and notify those with a need to know of such amendments/corrections.

We may deny your request if:

- Your request is not submitted in writing
- Your written request does not contain a reason to support your request
- The information was not created by us, unless the person or entity that created the information is no longer available to make the amendment
- It is not a part of the protected health information kept by us and used by us to make decisions about your care
- It is not part of the information which you would be permitted to inspect and copy, and/or
- The information is already accurate and complete.

If your request is denied, we will provide you with a written notification of the reason(s) of such denial and your rights to have the request, the denial, and any written response (of reasonable length) you may have relative to the information and denial process appended to your protected health information.

Your amendment/correction request should be submitted on our Request for Amendment/Correction of Protected Health Information form. Copies of these forms are available from our business office.

Our contact information for the purpose of making such a request is listed at the bottom of this document.

**4. The Right to Request Confidential Communications:**

You have the right to request that we communicate with you about your health matters in a certain way or at a certain location. For example, you may request that we not send any protected health information to you at a health care facility, but instead send communication for you to a residential address or Post Office Box. We will agree to your request as long as it is reasonable for us to do so.

You may submit your requests on our Request for Restriction of Confidential Communications form. Copies of these forms are available from the contact person listed at the bottom of this document. Our contact information is listed at the bottom of this document.

**5. The Right to Request an Accounting of Disclosures of Protected Health Information:**

You have the right to request an accounting of certain disclosures of your protected health information we have made for up to six years prior to the date of your request. This right does not include disclosures to you, disclosures authorized by you in writing, disclosures for treatment, payment, and health care operations, or other disclosures for which federal law does not require us to provide an accounting. Your request must state a time period, which may not begin more than six years prior to the date of the request.

The first accounting you request during a twelve (12) month period will be free. There may be a reasonable fee for additional requests during the twelve (12) month period. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

You may submit your requests on our Request for an Accounting of Disclosures of Protected Health Information form available from our business office. Our contact information is listed at the bottom of this document.

**6. Right to be Notified in Event of a Breach:**

You have a right to be notified if we, or our business associate, experience a breach that affects your unsecured protected health information. In such an event, we will provide notice of the breach of your protected health information in accordance with federal privacy laws.

**7. The Right to Receive a Paper Copy of This Notice:**

You have the right to receive a paper copy of this notice even though you may have agreed to receive an electronic copy of this notice. You may request a paper copy of this notice at any time or you may obtain a copy of this information from our website (as applicable). Our contact information is listed at the bottom of this document.

**V. Other Applicable Laws**

This Privacy Notice is provided to you as a requirement of the Health Information Portability and Accountability Act and its implementing regulations (collectively "HIPAA"). There are other federal and state privacy laws that may apply and limit our ability to use and disclose your health information beyond what we are allowed to do under HIPAA. Below is a list of the categories of health information that are subject to these more restrictive laws and a summary of those laws. These laws

have been taken into consideration in developing our policies of how we will use and disclose your health information. If a use or disclosure of health information described above in this Privacy Notice is prohibited or materially limited by another federal or state law that applies to us, it is our intent to meet the more stringent federal or state law requirements, including laws related to:

- **Alcohol and Drug Abuse:** We are allowed to use and disclose alcohol and drug abuse information without your permission under certain limited circumstances, and/or disclose only to specific recipients.
- **HIV/AIDS:** Restrictions apply to the use and/or retention of HIV/AIDS information.
- **Mental Health:** We are allowed to use and disclose mental health information without your permission under certain limited circumstances, and/or disclose only to specific recipients.
- **Sexually Transmitted Diseases and Reproductive Health:** Restrictions apply to the use and/or retention of information concerning sexually transmitted diseases and reproductive health.
- **Abuse or Neglect:** Restrictions apply to the use and/or retention of information concerning abuse or neglect.

#### **VI. How to File a Complaint About Our Privacy Practices**

If you have reason to believe that we have violated your privacy rights or our privacy policies and procedures, or if you disagree with a decision we made concerning access to your protected health information, you have the right to file a complaint with us or the Secretary of the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint. You may submit your complaint on our Privacy Practices Complaint form available from our business office. Our contact information is listed at the bottom of this document.

- VII. **Effective Date of This Privacy Notice** The effective date of this Privacy Notice is September 23, 2013.

#### **Contact Information for Questions, Complaints or Requests Regarding Your Health Information**

Should you have any questions concerning our privacy practices, obtaining a copy of our privacy notice, requesting restrictions on the release of your information, revoking an authorization, amending or correcting your protected health information, obtaining an accounting of our disclosures of your protected health information, requesting inspection or copying of your medical information, requesting that we communicate information about your health matters in a certain way, filing complaints, or any other concerns you may have relative to our privacy practices, please contact:

Remedi SeniorCare Privacy Officer  
One Olympic Place  
Suite 600  
Towson, MD 21204  
tel: 443-730-8930

If you wish, you may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. You may mail your complaint to U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, DC 20201; or you may call (202) 619-0257 or 1-877-696-6775 (toll free); or you may log on to the internet address <http://www.hhs.gov/ocr>.