Effective Date of Notice: _____

ACE CARE 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.

Summary

Ace CARE is required by law to maintain the privacy of your protected health information ("PHI"), to provide this Notice of our legal duties and privacy practices, to notify affected individuals following a breach of unsecured PHI, and to abide by the terms of this Notice.

We may use or disclose health information about you for the purpose of your treatment and for certain administrative purposes, including evaluation of the quality of care that you receive. We may also use or disclose identifiable health information about you without your authorization in certain other circumstances. For example, subject to certain requirements, we may give out health information without your authorization for public health purposes, for auditing purposes, for research studies, and for emergencies. We also provide health information when required by law.

Except as provided in this Notice of Privacy Practices or as otherwise required by applicable law, we will only use or disclose identifiable health information about you pursuant to your written authorization.

We may change our privacy policies at any time and the new policies will apply to all information we have about you as well as information we receive in the future. Before making a significant change in our policies, we will amend this Notice and post it in our office. This Notice will contain on the first page, in the top right-hand corner, the effective date of the Notice. You may also request a copy of the Notice in effect at any time.

Your Rights Regarding Your Health Information

In most cases, you have the right to look at or make a copy of health information that we maintain of you. We may charge our reasonable costs for copies. You may request that we amend incorrect or incomplete information in your records. Such requests must be in writing.

Generally, you have the right to receive a list of instances where we have disclosed health information about you, except where the disclosure was for treatment, payment, administrative purposes, or pursuant to your authorization, or if another exception applies. You may request restrictions on certain uses and disclosures of information, although we are not required to agree to them in certain circumstances. You have the right to receive confidential communications in an alternate manner or location if we can reasonably accommodate your request. Any request for alternative delivery must be made in writing.

You should carefully review the pages attached to this summary. For additional information, or to make a complaint with respect to your privacy rights, you may contact our Privacy Officer at the address and number listed below. You may also send a written complaint to the U.S. Department of Health and Human Services. Our Privacy Officer can provide you with the appropriate address.

For questions or complaints, please contact:

Mary Kessler, PT, MHS

Dean of College of Education & Health Sciences

Faculty Advisor, Ace CARE

1800 Lincoln Avenue

Evansville, IN 47722

Effective Date of Notice: _____

812-488-2579

Protected Health Information

PHI is individually identifiable health information that relates to your past, present, or future physical or mental health or condition, to the provision of health care to you, or to payment for your health care.

Examples of Uses and Disclosures for Treatment, Payment, and Health Care Operations

We may use or disclose your PHI without your consent or authorization for purposes of your treatment, for payment purposes, and for certain administrative and other health care operations. Examples of uses for these purposes follow.

Treatment:

We will use and disclose your PHI to provide, coordinate or manage health care provided by us and by other health care providers. For example, information obtained by a Physical Therapist, Occupational Therapist or any other healthcare professional will be used to determine the course of treatment that should work best for you. Your therapist will document in your record his or her expectations of your treatment along with their observations of how you are responding to your therapy. We will also provide your physician and/or ECHO Healthcare with copies of various reports that should assist them in treating you.

Payment:

We may use your PHI to verify your insurance coverage, or to submit bills or explanations of benefits to you, your insurer or another party identified as a payer for your claim. We may disclose billing information to other health care providers involved in your care so they have correct information.

Health Care Operations:

We may use or disclose your PHI for operational purposes including but not limited to quality assessment and improvement activities, reviewing the competence or qualification of health care professionals, conducting training programs, business planning and development, business management and general administrative activities. Some examples follow:

Quality Improvement and Audits. Therapists and members of our quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and services we provide. For example, when we perform audits for documentation, proper scanning of information into our record system and billing, a random sampling of patient records will be accessed to determine if proper procedures were followed and to correct any errors discovered.

New Services/Fundraising. We may also look at your medical information and decide that another treatment, fundraising or a new service we offer may interest you. We may use your information to communicate with you regarding the new treatment, fundraising or new service. You have the right to opt out of receiving these communications.

Business Associates. There are some services provided in our organization through contracts with businesses who assist us by performing services on our behalf. When these services are contracted, we may disclose your PHI to our business associates, so that they can perform the job we have asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your PHI. They are required to protect your PHI by contract and by law.

Uses and Disclosures to Which You Have an Opportunity to Agree or Object

Directory. Unless you notify us that you object, we will use your name, location and general condition for directory purposes. This information will be released to any who ask for you by name.

Notification. We may use or disclose information to notify or assist in notifying a family member, personal representative or another person responsible for your care, of your location and general condition, unless you object.

Communication with others involved with your care and disaster relief. Unless you express an objection, or if in an emergency situation there is not an opportunity for you to object and our health professionals, using their best judgment, determine it is in your best interests, we may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. We may also disclose PHI relating to your location, condition or death to any entity authorized to assist in disaster relief efforts or responsible for family notification.

Marketing. Your authorization is required for any use or disclosure of PHI for marketing except in situations in which the communication is in the form of a face-to-face communication or a promotional gift.

Sale. Your authorization is required for any use or disclosure of PHI which is a sale, as defined under applicable law. The authorization must state that the disclosure will provide remuneration to us.

When it is reasonable to assume that you do not object. If you request that a family member or friend be present during an examination or discussion or you do not request them to leave, we will assume that you do not object to information about you being discussed in their presence. If you are unable to tell us whether you agree or object, we may discuss your treatment with your family, relatives, close friends or others involved in your care but only what is important for them to know if, based on our professional judgment, we decide it is in your best interest for information to be shared.

Other Uses and Disclosures We Can Make Without Your Written Consent or Authorization

Required by law. We may use or disclose your PHI to the extent that use or disclosure is required by federal, state or local law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

Public health activities. We may use or disclose your PHI for public health purposes and activities to public health authorities that are permitted by law to collect or receive the information for various purposes including but not limited to preventing or controlling disease, injury, or disability, or tracking, recall and post market surveillance of FDA products. In certain circumstances, we may also have to report to your employer certain work-related illnesses and injuries so that your workplace can be monitored for safety.

Communicable Diseases. We may use or disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of spreading a disease or condition.

Employer. We may use or disclose your PHI to your employer if we are providing health care to you at the request of your employer to conduct an evaluation relating to medical surveillance of your workplace or to evaluate whether you have a work-related illness or injury. We will notify you before making such a disclosure by providing you with written notice at the time that we provide health care to you.

Abuse or neglect. We may use or disclose your PHI to a public health authority that is authorized by law to receive reports of child or adult abuse or neglect. In addition, if applicable legal requirements are met, we may disclose your PHI if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information.

Health oversight activities. We may use or disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations and inspection.

Judicial and administrative proceedings. We may use or disclose PHI in the course of any judicial or administrative proceeding if required by law, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized in the order), and if certain conditions are met, in response to a subpoena, discovery request or other lawful process.

Law enforcement purposes. We may also use or disclose PHI, so long as applicable legal requirements are met, to law enforcement officials for law enforcement purposes.

Research. We may disclose your PHI to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocol to ensure measures are in place to preserve the privacy of your PHI.

Military activities. We may, if you are an active member of the United States or foreign Armed Forces, disclose your PHI for activities that are deemed necessary by appropriate military command authorities to assure the proper execution of a military mission.

Special government functions. We may use or disclose your PHI for certain specialized government functions, such as national security and intelligence, or protective services for heads of state.

Threats to health or safety. Consistent with applicable federal and state laws, we may use or disclose your PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; and, in certain circumstances, as necessary for law enforcement authorities to identify or apprehend an individual.

Workers compensation. We may use or disclose your PHI as permitted or required to comply with worker's compensation laws and other similar legally established programs.