



Joint Notice of privacy practices & patient's rights ©

THIS JOINT NOTICE (THE "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.

As a home health care and hospice services provider, each of the Enhabit Home Health and Hospice agencies listed below ("Enhabit") is a "covered entity" under the federal Health Insurance Portability and Accountability Act (HIPAA). As such, Enhabit will create and maintain personal health information about you; your treatment and health status; your payment arrangements; and other necessary personal information needed for your health care. This information is called "protected health information," or "PHI." Enhabit is charged with safeguarding the privacy of your PHI, which it creates and maintains in both secured (electronic) and unsecured (paper copy) formats.

This Notice is required by the HIPAA Privacy Rule to advise you of your right to know how Enhabit may use and disclose your PHI as well as to advise you of your HIPAA Privacy rights. You or your "personal representative" may provide any necessary authorizations for the use and disclosure of your PHI, and/or may exercise your HIPAA Privacy Rights. A "personal representative" is a person who has the legal authority to act for you in making health care decisions.

As described below, your PHI may be used and disclosed from time to time by Enhabit. Some uses and disclosures may be made without your authorization, while other uses and disclosures do require your authorization. You will be given the opportunity at admission to authorize or restrict certain disclosures of your PHI to third parties, other than for the uses and disclosures that are permitted or required by law, and you will be asked to acknowledge receipt of this Notice.

USES & DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION

1. **To provide treatment.** Enhabit and other health care providers involved with your treatment may disclose your PHI to each other in order to provide for your appropriate treatment. For example, Enhabit will provide your physician information about your health status, and vice versa. Any documents containing PHI given to you or left in your home or place of service by Enhabit for the purpose of treatment and/or care coordination is your responsibility to safeguard.

2. **To obtain payment.** Enhabit may disclose your PHI to collect payment for the services rendered to you. For example, Enhabit may be required by your health insurer to disclose

information regarding your health care status to obtain prior approval for treatment and, to document the treatment provided in order to receive payment for the services provided.

3. **To conduct health care operations.** Enhabit may disclose your PHI as necessary to facilitate Enhabit health care operations, for such activities as: quality assessment and improvement; activities designed to improve health or reduce health care costs; protocol development; case management; care coordination; and other related activities. For instance, Enhabit may provide PHI to appropriate organizations who are assessing the quality or costs of your home health care.

4. **To business associates.** Enhabit may enter into contracts with entities known as Business Associates that provide services to, or perform functions for or on behalf of Enhabit that requires the use and disclosure of your PHI. For example, Enhabit may disclose your PHI to a Business Associate to file claims for Enhabit. Business Associates and their subcontractors are required by the Privacy Rule to protect the privacy of your PHI the same as Enhabit.

5. **To health information exchange (HIE).** Enhabit may participate in electronic health exchanges and may share your PHI as described in this Notice. Participation is voluntary and you have the opportunity to opt out from the electronic PHI exchange.

6. **To family and friends who are directly involved in your care and treatment.** Unless you object, Enhabit may disclose "minimum necessary" PHI to your family, friends or others who are directly involved in helping provide or coordinate your health care. Enhabit may also be required by state regulations to disclose some of your PHI to a residential living or other non-health care type facility where you may reside for coordination of care purposes.

7. **As required or permitted by law or regulation.** There are federal and state laws and regulations that may require or permit that your PHI be disclosed and your authorization is not required. Such disclosures might include abuse, neglect, exploitation or domestic violence investigations; law enforcement purposes; specialized government functions; death-related functions/purposes; to avert a serious threat to health or safety; and judicial and administrative proceedings, such as in response to a court order, search warrant, or subpoena, or under a qualified protective order. Some states have separate privacy laws that may also apply; if a state privacy law is more stringent than the HIPAA Rule, the state law prevails.

8. **Other regulatory exceptions.** When your PHI is to be used or disclosed for (1) public health activities; (2) certain research purposes; (3) the sale, transfer, merger or consolidation for due diligence of all or part of a covered entity which possess your PHI;(4) during emergencies; (5) when required or permitted by law, such as to law enforcement officials and valid judicial or administrative orders. Enhabit may also disclose a deceased individual's PHI to family members or others who were involved in the care or payment for the care for the deceased, unless previously or otherwise restricted.

9. **Organized Health Care Arrangement.** The Enhabit Home Health & Hospice organized health care arrangement (OHCA) is formed for the sole purpose of facilitating HIPAA. The agencies listed at the end of this Notice that participate in the OHCA may share PHI with each other and other OHCA participants, as permitted for joint quality assurance and improvement, utilization review, and other healthcare operations activities. They agree to abide by the terms of this Notice with respect to PHI created or received for these activities. The Enhabit agencies are located in various states across the country and may have policies and procedures regarding the use and disclosure of PHI in each of their locations that vary, but this Notice applies to all sites and for home care, within your home. This Notice creates no legal representations, warranties, obligations or responsibilities beyond HIPAA compliance.

USES & DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

10. **Enhabit will seek your written authorization for use or disclosure for the following purposes:** for disclosure to certain third parties, unless such disclosure is otherwise permitted; disability qualification; for long-term care or life insurance applications; for psychotherapy notes/records, if any; and certain other instances. Enhabit does not engage in selling PHI, or disclosing PHI for purposes of fund-raising or marketing which would require your authorization. Other uses and disclosure of your PHI not otherwise mentioned in this Notice will be made only with your authorization. You may revoke or execute a new or additional authorization with your Enhabit agency at any time.

YOUR PRIVACY RIGHTS

The HIPAA Privacy Rule grants you the following rights with regard to your PHI:

11. **To request restrictions** on the disclosure of your PHI to a health plan (1) if the disclosure is for the purpose of carrying out payment or health care operations, and (2) the PHI pertains solely to a health care condition, item or service, including particular prescription medications, for which you or another person has paid Enhabit in full. Otherwise, you may request restrictions on how Enhabit uses and discloses your PHI, such as restricting access to certain individuals or limit how information is used for notification purposes. Enhabit is not required to honor every requested restriction but will give each request due consideration under the regulatory provisions.

12. **To receive confidential communications in a certain way.** For example, you may request that Enhabit only communicate with you privately with no family members or others present. Enhabit will not request any reasons for your request and will attempt to honor any reasonable requests.

13. **To access your PHI.** To request an inspection or copy of your medical or billing records and PHI in either paper copy, a specified electronic format, or a combination of the two. This 'right' includes your requesting and authorizing Enhabit to provide copies of your PHI to third parties who are not already entitled to your PHI under another provision of this Notice, the Privacy Rule, or otherwise. Enhabit may charge a reasonable cost-based fee associated with your request that includes the cost of labor for copying, supplies, and postage, if applicable, consistent with HIPAA and any state law restrictions.

14. **To request amendments to your health care information** (including corrections) for any PHI in question for as long as it is maintained by Enhabit. This right does not include the deletion, removal, or erasure of PHI. All such requests must be made in writing. Under the law, Enhabit may deny the request if: (a) the request is not in writing; (b) the request does not include a reason; (c) the PHI was not created by Enhabit nor part of Enhabit's records; (d) if you are not otherwise permitted by the Privacy Rule to inspect or copy the PHI in question; or, (e) if after considering your request, Enhabit finds that your PHI is already accurate and complete, or that an amendment would not be in your best medical interest.

15. **To an accounting of disclosures of your PHI made by Enhabit** for reasons other than for treatment, payment or health care operations. All such requests must be made in writing and should specify the time period for the accounting not to exceed seven (7) years or the normal record retention policy of Enhabit, whichever is longer. Enhabit will provide the first accounting requested during any twelve (12) month period without charge. Subsequent requests may be subject to a reasonable cost-based fee.

DUTIES OF ENHABIT

16. **Regulatory requirements.** The HIPAA Rule requires that Enhabit: (1) make you aware of its duties under the Privacy Rule for maintaining the privacy of your PHI; (2) provide you this Notice; (3) abide by the terms of this Notice as may be revised from time to time; and (4) notify you in writing if Enhabit or a Business Associate discovers an impermissible access, use or disclosure of your unsecured PHI which compromises its security or privacy (a “breach”).

17. **Changes to this Notice:** Enhabit reserves the right to change the terms of this Notice and to make such changes effective for all PHI that it maintains and receives in the future. The current Notice will be posted on our website and include the effective date.

18. **Complaints:** You have the right to express complaints to Enhabit or the Secretary of DHHS if you believe that these Practices or your privacy rights have been violated. Complaints may be made to the Secretary of Health & Human Services, 200 Independence Ave., SW, Washington, DC 20201; by contacting the regional DHHS Office of Civil Rights; or by email at OCRComplaint@hhs.gov

19. **To contact Enhabit:** Should you have any questions, complaints or want more information about the Enhabit Privacy Practices or your Privacy Rights, you may contact the Branch Director of your Enhabit agency or you may contact the Enhabit Chief Compliance & Privacy Officer at 6688 N. Central Expy., Suite 1300, Dallas, TX 76206; by toll free call to 1-855-WE COMPLY (932-6675); or by email to wecomply@ehab.com.

YOU WILL NOT BE RETALIATED AGAINST IN ANY WAY FOR MAKING A COMPLAINT OR ASKING QUESTIONS.

EFFECTIVE SEPTEMBER 10, 2013

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Each of the Enhabit agencies is a covered entity under HIPAA. This list may be amended from time to time. For a current listing, please visit our website at <https://www.ehab.com>