

ACCREDITED HEALTH SERVICES, INC.

PRIVACY NOTICE

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.

UNDERSTANDING YOUR HEALTH CARE RECORD OR INFORMATION:

Each time you visit or have contact with a hospital, physician, or other healthcare provider (including Accredited Health Services) documentation of the visit or contact is made. Normally, this documentation contains information regarding your health: diagnosis, symptoms, examination, treatment provided, test results, communications in the course of your treatment, and an outgoing plan for your care and treatment. This information often referred to as your health, medical, or clinical record, serves as a basis for planning your care and treatment and serves as a means of communication among the many health professionals who participate in your care. Understanding what is in your health care record and how your health information is used helps you to ensure it's accuracy, better understand who, what, when, where, and why others may access your health information, and will help you make more informed decisions when asked for authorization to disclose this information to others.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION:

Unless otherwise required by law, your health care record is the physical property of the healthcare provider (hospital, physician, home care agency, or other) that compiled it, but the information belongs to you. You have the right to request a restriction on certain uses and disclosures of your information, and request amendments to your health care record. This includes the right to obtain a paper copy of the notice of information practices upon request, inspect, and obtain a copy of your health record. Obtain an accounting of disclosures of your health information, request communications of your health information by alternative means or at alternative locations, revoke your authorization to use or disclose health information except to the extent that action has already been taken.

THE AGENCY'S RESPONSIBILITIES:

This agency is required to maintain the privacy of your health information. In addition, we are required to provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you. The agency must abide by the terms of this notice, notify you if we are unable to agree to a requested restriction, accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations. We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will (hand deliver or) mail a revised notice to the address you've supplied us. If we maintain a Web site that provides information about our customer services or benefits we will post our new notice on that Web site. We will not use or disclose your health information without your authorization, except as described in this notice.

TO REPORT A PROBLEM OR REQUEST FURTHER INFORMATION:

If you have questions and would like additional information, you may contact: **Melissa Eschert, President and Privacy Officer at 201-342-8844 ext. 222**. If you believe your privacy rights have been violated, please contact the above person. You can also file a complaint with The Office of Civil Rights in the US Department of Health and Human Services. There will be no retaliation for filing a complaint.

EXAMPLES OF DISCLOSURE FOR TREATMENT, PAYMENT, AND HEALTH OPERATIONS:

*The agency staff will utilize your health information for **treatment**.* The health information you provide or obtained by the agency will be recorded in your clinical record. This information will be used to develop your individual plan of care. For example, your nurse will document the results of your initial assessment in your clinical record. From this assessment your plan of care will be developed with your input and orders from your physician. The plan of care will include what kind of services you require (i.e., nursing, aide, therapy, etc.), how often, what the specific service is expected to do, and what outcomes are expected from each service as well as your expected overall outcomes. Members of your health care team (i.e., nurse, aide, therapist, etc.) will document the care they provided and their observations. For example the physical therapist will document the exercises he/she did with you and how well you did. If you practiced stair climbing, the document will show that stair climbing was done, how many stairs you were able to climb and if you had any problems such as shortness of breath while climbing the stairs. We will also provide each member of your health care team with the information they need in order to care for you. For example, all members will be provided with information regarding your advance directives if you have chosen to execute an advance directive. The physical therapist will be provided with your history and information regarding your mobility and ability to get around.

*The agency will utilize your health information for **payment**.* For example, a bill may be sent to you or your insurance company, a third-party payer, or whoever is responsible to pay the bill for your care. The information on the bill may include information that identifies you, your diagnosis, the type and amount of service you received as well as any supplies or equipment.

*The agency will utilize your health information for **health operations**.* For example, members of the quality improvement team may review your record as well as other patient's records and utilize the information to assess the care and

outcomes from the care. This information will be utilized in an effort to continually improve the quality and effectiveness of the care and services that the agency provides.

There may be some services provided to our agency through contracts with **Business Associates (BA)**. Examples include consultants we use to audit clinical records, policies and procedures and our business operations to ensure compliance with Federal, State and Local Regulations and quality standards. Other examples of Business Associated include individuals or organizations that may provide the following services: legal, actuarial, accounting, management, administrative, accreditation, data aggregation or financial services. When we utilize these services, we do so under contract with the individual or organization. We may disclose parts or all of your health information to our Business Associate so that they can do the task we asked them to do. In order to protect your health information, we include a clause in the contract about the need for the Business Associate to also safeguard your information.

Notification: We may use or disclose information about you in order to notify a family member, caregiver, or a person responsible for your care, your location, and your general condition.

Communication With Family: The agency or its professional staff, using their best judgement, may disclose to a family member, other relative, close personal friend or any other person you identify, your health information relevant to that person's involvement in your care or the payment related to your care.

Research: We may disclose information to researchers when you choose to participate in a research project. Disclosure will be made only after review of the research protocols ensure that your health information will remain private.

Funeral Directors: We may disclose your health information to a funeral director as required under law so that they can carry out their duties.

Organ Procurement Organizations: Consistent with your wishes and with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation or transplant.

Marketing: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related services that may be of interest to you.

Fund raising: We may contact you as part of a fund-raising drive.

Food and Drug Administration (FDA): As required by law, we may disclose your health information to the FDA if you should experience an adverse event with food, supplements, product and product defects, or information that will enable product recalls, repairs, or replacements.

Workers Compensation: We may disclose your health information that is necessary to comply with laws related to workers compensation or other similar programs established by law.

Public Health: We may disclose your health information, as required by law, to public health or legal authorities responsible for tracking births and deaths, as well as with preventing or controlling disease, injury, or disability.

Correctional Institutions: If you are or become an inmate of a correctional institution, we may disclose your health information to the institution or a representative of the institution. This health information is necessary for your health as well as the health and safety of others. An inmate does not have the right to the Notice of Privacy Practices.

Law Enforcement: As required by law, we may disclose health information for law enforcement purposes or in response to a valid subpoena. Federal law requires release of your health information to appropriate health oversight agencies, public health authority or attorney, if a staff member or Business Associate believes that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

Notice of Privacy Practices: This is a hard copy of this privacy notice will be provided to you and all patients upon admission to the agency. It will also be prominently posed in the agency(s) office(s) at: **235 Moore Street, Hackensack, New Jersey 07601 and 80 Pompton Avenue, Verona, New Jersey 07044**. If the Notice of Privacy Practices is revised, you will receive a hard copy via mail at the address you have provided to us.

EFFECTIVE DATE: April 14, 2003