

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.

Our Pledge Regarding Health Information:

This Notice of Privacy Practices (this “Notice”) describes the privacy practices of A Long Term Companion, LLC (“ALTC”), including how we may use and disclose your protected health information (“PHI”). We understand that information about your health is personal, and we are committed to protecting the privacy of PHI that we create or receive about you as required by law. With certain limited exceptions, PHI generally is generally defined as information that identifies you or can be used to identify you, and that relates to your past, present, or future physical or mental health or condition, the provision of health care to you or the payment for such care.

We are required by law to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to your PHI. The terms of this Notice apply to and will be adhered to by ALTC and all employees, volunteers, and other workforce members of ALTC. We are required to follow to the terms of the Notice currently in effect. When state privacy laws are more protective of your PHI or stricter than the federal law, we will follow applicable state law.

HOW WE MAY USE AND DISCLOSURE YOUR PHI

The following sections describe different ways that we may use or disclose your PHI. For each category of uses or disclosures, explain what we mean, and we have provided you with examples in certain categories. Not every use or disclosure within a category will be listed; however, all permissible ways to use and disclosure PHI will fall within at least one of the categories.

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

We may use and disclose your PHI for treatment, payment, and health care operations without your consent or authorization. Please see below for a description and examples of how we may use and disclose your PHI for these purposes.

For Treatment. We may use and disclose your PHI to provide, manage, and coordinate your in-home care and related services, as well as for other purposes related to your health care or treatment. For example, we may share PHI with members of our staff or with third parties involved in your care, such as physicians, physical therapists, pharmacists, medical equipment suppliers, and other health care providers. We may also use your PHI to communicate with you about alternative treatments, therapies, health care providers, or settings of care that may be available to you.

For Payment. We may use and disclose your PHI so that we can bill and collect payment from you or your insurer, health plan, or other third-party payer. This may include conducting insurance eligibility checks with state Medicaid, Medicare, or your long term care insurance company, determining enrollment status, and providing PHI to entities that help us submit bills and collect amounts owed. We may also share PHI about you with your health plan or insurer in order to obtain authorization for your services or so you or ALTC may receive payment for the services rendered.

For Health Care Operations. We may use and disclose your PHI for our own operations and the health care operations of other covered entities with which you have or had a relationship. Health care operations may include activities necessary to facilitate the functioning of the company and to provide quality in-home care to our clients, such as: for quality assessment and improvement activities, reviewing the qualifications or competence of healthcare providers, evaluating provider performance, conducting training programs, and facilitating accreditation, certification, or licensing activities.

Additional Uses and Disclosures of PHI That Do Not Require Your Authorization

We may use and disclose your PHI without your authorization or consent for other purposes permitted or required by law when certain conditions have been met or in certain situations. Subject to conditions specified by law, these purposes include:

To Avert a Serious Threat to Health or Safety. We may use or disclose your PHI when necessary to prevent or reduce a serious threat to your health or safety or the health or safety of the public or another person.

For Public Health and Safety Activities. We may disclose your PHI to the appropriate authorities for public health and safety purposes when we are permitted or required to do so, for example to: prevent or control disease, injuries, or disabilities; report suspected abuse, neglect, or domestic violence; and report adverse reactions to medications or help with product recalls.

For Services and Appointment. We may use or disclose your PHI to communicate with you regarding your care and related matters. For example, we may use or disclose your PHI to remind you about scheduled appointments and services as well as to follow up on your visit.

To Individuals Involved in Your Care. We may disclose to a family member, close friend or any other person you identify, PHI about you that relates to such person's involvement with your care or payment for your care, provided you agree to this disclosure, you had an opportunity to object and did not do so, or we infer from the circumstances in our professional judgment that the disclosure is appropriate. We may also share PHI as necessary to notify (or assist in notifying) a family member, personal representative, or another person that is responsible for your care of your location, general condition or death. We may use or disclose limited PHI about you to an entity assisting in a disaster relief effort (such as the Red Cross) so that a family member or other persons involved in your care can be notified about your location and condition.

For Lawsuits and Disputes. We may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process if reasonable efforts have been made to tell you about the request or to obtain an order protecting the information requested.

For Law Enforcement Purposes. We may disclose your PHI to law enforcement officials as permitted or required by law, for example to report criminal conduct that occurred on our premises or to respond to legitimate law enforcement inquiries.

For Workers' Compensation. We may disclose your PHI for workers' compensation or similar programs.

To Funeral Directors, Coroners and Medical Examiners. We may disclose PHI to a coroner or medical examiner for the purpose of determining a cause of death or carrying out their other duties as authorized by law. We may disclose PHI to funeral directors, consistent with applicable law, as necessary to carry out their duties.

For Organ or Tissue Donation. We may disclose PHI to entities involved in the procurement, banking or transplantation of organs or tissue for the purpose of facilitating the donation and transplantation.

Business Associates. Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, legal services, etc. At times it may be necessary for us to provide your PHI to one or more of these outside persons or organizations who assist us with our payment/billing activities and health care operations. In such cases, we require these business associates, and any of their subcontractors, to appropriately safeguard the privacy and security of your PHI.

For Personal Representatives. We may disclose your PHI to a person legally authorized to act on your behalf under applicable law, such as a legal guardian, power of attorney for health care, or administrator or executor of your estate.

For Research Purposes. We may use or disclose PHI for research purposes with your authorization, or without authorization under limited circumstances such as with a waiver from an institutional review board.

For Fundraising. We may contact you for fundraising efforts, but you can tell us not to contact you again.

For Specialized Government Functions. Under certain circumstances, we are authorized by law to disclose PHI to facilitate specific government functions relating to: (1) military and veterans activities; (2) national security and intelligence activities; (3) protective services for the president and other authorized persons; (4) medical suitability determinations; and (5) an inmate or other person in lawful custody with a law enforcement official or correctional institution under certain circumstances.

As Required by Law. We will use or disclose your PHI when required to do so by federal, state or local law. For example, we may disclose PHI as part of a lawful request in a government investigation.

Uses and Disclosures of PHI that Require Your Authorization

Other Uses and Disclosures. As described above, we will use and disclose your PHI for treatment, payment, health care operations, and when required or permitted by law. We will obtain your written authorization before using or disclosing

your PHI for any purpose not covered by this Notice. For example, most uses and disclosures of psychotherapy notes (to the extent we have any) and most uses and disclosures of PHI for marketing purposes require your written authorization. Additionally, with certain limited exceptions, we are not allowed to directly or indirectly sell or receive anything of value in exchange for your PHI without your written authorization. We must also follow any law that is stricter than HIPAA.

If you provide us authorization to use or disclose your PHI, you may revoke that authorization at any time by submitting a written notice to the ALTC Privacy Office, which will stop further use or disclosure for purposes covered by your authorization. Your revocation will be effective upon receipt; however, your revocation will not affect any use or disclosure of your PHI that occurred while your authorization was in effect, or any action we may have already taken in reliance on the authorization. We are required to retain records of the care that we provided to you.

YOUR RIGHTS

You have the following rights with respect to your PHI:

Inspect and Obtain a Copy of PHI. With a few exceptions, you have the right to inspect and/or obtain a copy of PHI that we maintain about you. You may also request that we provide a copy of your PHI directly to other individuals or entities that you designate. All requests for access must be made in writing and be signed by you or, when applicable, your personal representative, and submitted to the ALTC Privacy Office using the contact information listed at the end of this Notice. We reserve the right to charge a reasonable fee for the expense of fulfilling your request, as permitted under applicable law. We may deny your request to inspect and copy your record in certain limited circumstances. If we deny your request for access, we will notify you in writing and explain any rights you may have to have the denial reviewed.

Request an Amendment of PHI. If you believe that any PHI that we maintain about you is incorrect or incomplete, you have the right to request that we amend the information. Requests for amendment must be made in writing and signed by you or, when applicable, your personal representative, and submitted to the ALTC Privacy Office. In addition, in all such requests for amendment, you or your personal representative must provide the reason(s) that support the requested amendment. We are not obligated to make all requested amendments but will give each request careful consideration. If we deny your request, we will provide you with a written explanation of why we did not make the amendment and explain your rights.

Receive an Accounting of Disclosures of PHI. You have the right to receive an accounting of certain disclosures made by us of your PHI. This is a list of disclosures made of your PHI, except for disclosures made for purposes of treatment, payment, or health care operations, and other exceptions allowed by law (such as disclosures you authorize). Requests must be made in writing and signed by you or, when applicable, your personal representative, and submitted to the ALTC Privacy Office. Your request must specify the time period for which you are requesting an accounting, which may not be longer than six years from the date of the request. The first accounting in any 12 month period is free; we may charge you a reasonable, cost-based fee for responding to each subsequent accounting you request within a 12 month period.

Request Restrictions on Certain Uses and Disclosures of PHI. You have the right to ask us to restrict or limit the uses or disclosures we make of your PHI to carry out treatment, payment, or health care operations. You also have the right to request restrictions on our disclosure of your PHI to any person(s) involved in your care or payment for your care, such as a family member or friend. We will attempt to accommodate reasonable restriction requests when appropriate. We are not required to agree to restriction requests, however, except for certain disclosures to a health plan as described below.

Requests for restrictions must be made in writing and be signed by you or, when applicable, your personal representative, and submitted to the ALTC Privacy Office. If we do agree to accommodate your request, our agreement must be in writing, and we will abide by it unless the information is needed to provide you emergency treatment or we are required or permitted by law to disclose it. We retain the right to terminate our agreement to a restriction if we believe such termination is appropriate. In the event we have terminated an agreed upon restriction, we will notify you of such termination. If you ask us to restrict disclosures of your PHI to a health plan, we must agree to your request if the disclosure is for the purpose of carrying out payment or health care operations, the disclosure is not otherwise required by law and the PHI relates solely to a health care item or service for which we have been paid in full by you (or someone else on your behalf).

Request Confidential Communications. You have the right to request that we communicate your PHI with you by alternative means or at alternative locations. For example, you may request that we contact you only in writing at a specific

address. To request confidential communication of your PHI, you, or when applicable, your personal representative must submit a written request to the Privacy Office. Such requests must specify how or where you would like to receive communications of your PHI from us. We will accommodate all reasonable requests.

Notification of a Breach. You have a right to be notified in writing in the event there is a breach of your unsecured PHI, as defined by HIPAA. We are required to notify you without unreasonable delay, but in any event, no later than 60 days after we discover the breach.

Obtain a Paper Copy of the Notice. You have the right to obtain a paper copy of our current Notice at any time. You may obtain a paper copy of the Notice by contacting the Privacy Office or printing a copy from our website at: <https://www.alongtermcompanion.com/notice-of-privacy-practices>.

ADDITIONAL INFORMATION

Changes to this Notice

We reserve the right to change our privacy practices and this Notice at any time. We reserve the right to make the changed or revised Notice effective for PHI we already have about you as of the effective date of the revised Notice, as well as any information we receive in the future. We will post a copy of the current Notice on our website at <https://www.alongtermcompanion.com/notice-of-privacy-practices>. Additionally, at any time you request a copy of the Notice currently in effect.

Use of unsecure electronic communications

If you choose to communicate with us via unsecure electronic communication, such as text message or regular (unencrypted) email, we may (unless you have explicitly stated otherwise) correspond with you in the same manner and to the same email address, account, or phone number from which you sent your communication. Additionally, if you provide your cell phone number or email address to us, we may send you text messages or emails related to scheduling/appointment reminders, surveys, or other general informational communications. For your convenience, such messages may be sent unencrypted. Before agreeing to use or using any unsecure electronic communication to communicate with us, note that there are possible risks, including interception by third parties, misaddressed/misdirected messages, messages forwarded to others, or messages stored on unsecured electronic devices. By choosing to communicate with us via unsecure electronic communication, you are acknowledging and agreeing to accept these risks.

Additionally, email and text messaging are not a substitute for professional medical advice, diagnosis or treatment and should not be used in a medical emergency.

Questions or Complaints

If you believe that your privacy rights have been violated, you may file a written complaint with the ALTC Privacy Office at the address provided below. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized or otherwise retaliated against in any way for filing a complaint.

If you have questions or would like further information about this Notice, please contact:

ALTC Privacy Office

PO Box 343

Huntingdon Valley, PA 19006

Phone: 215-914-1800

Fax: 215-947-7727

Email: privacy@alongtermcompanion.com

Effective Date: This Notice is effective October 19, 2020.