

Sooner Home Health Care

Notice of Information Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Sooner Home Health Care wants you to know that we recognize our obligation to keep information about you secure and confidential. At Sooner Home Health Care, we are committed to protecting the confidentiality of your results and other protected health information that we collect or create as part of services.

As required by law, we publish this Notice to explain the information that we collect and how we maintain, use and disclose it in providing services and we will abide by the statements made herein. Except as permitted by law and as explained in this Notice, we do not disclose any information about our past, present or future Patients to anyone. When we use the term “Protected Health Information” or “PHI”, we are referring to individually identifiable information concerning the provision of, or payment for, health care to you.

What information do we collect?

In providing services, we may collect Protected Health Information from the following sources:

- Information from health care providers who currently treat you or have treated you in the past, such as information about your health status
- Information from insurance companies that currently insure you or that have insured you in the past, such as your claims history.
- Information we obtain from our affiliates in the course of providing our services.

How do we protect Protected Health Information?

Our employees understand the need to maintain your Protected Health Information in the strictest confidence. They are required to be bound by that promise of confidentiality and are subject to disciplinary action if they violate that promise. We also maintain physical, electronic, and procedural safeguards to guard your Protected Health Information. Finally, in those situations where we rely on a third party to perform business, professional or insurance services or functions for us, that third party must agree to protect the privacy of your Protected Health Information and use it only as required to perform those functions it performs for us and as otherwise permitted by law. In these ways, Sooner Home Health Care carries out its confidentiality commitments to you.

When we must seek your authorization before disclosing Protected Health Information

There may be circumstances where Sooner Home Health Care will seek your authorization before we make a disclosure of your Protected Health Information – to be sure we have your permission to make that disclosure. For example, you may have asked someone who is not your personal representative to contact us on your behalf to discuss your medical care or your payment history. Before we begin discussing your Protected Health Information with that person, we would seek your authorization to do so, unless otherwise permitted or described below.

If you give us your authorization, you are permitted to revoke that authorization at any time in writing. We will honor your revocation of authorization once processed, except to the extent that we may have taken action in reliance upon your original authorization.

Uses and Disclosures of Protected Health Information that do not require authorization

We are generally permitted to make disclosures of your Protected Health Information without your authorization for purposes of treatment, payment and health care operations. Below we provide examples of those purposes although not every use or disclosure falling in these categories is listed.

Please note that we may limit certain information we disclose in accordance with laws regarding the special nature of the information (e.g. HIV/AIDS, substance abuse, or genetic information). Also, as state law permits minors of a certain age to seek particular treatment services without parental consent, information that would normally be provided to our customers may be impacted as Sooner Home Health Care protects the privacy of that minors' information in accordance with those state laws.

- **Treatment activities.** As a health care provider, Sooner Home Health Care uses your PHI as part of our processes and discloses your PHI to physicians and other authorized health care providers, such as a nursing home or hospital, who need access to your medical information to treat you.;
- **Payment activities.** We will use your PHI in our billing department and disclose your PHI to insurance companies, hospitals, physicians, and health plans for payment purposes, or to third parties to assist us in creating bills, claim forms, or getting paid for our services. For example, we may send your name, date of service, service performed, diagnosis code, and other information to a health plan so that the plan will pay us for the services we provided. In some cases, we may have to contact you to obtain billing information or for other billing purposes. When required, we may use an outside collection agency to obtain payment.
- **Health Care Operations activities.** We may use or disclose your PHI in the course of activities necessary to support our health care operations, such as

performing quality checks for teaching purposes, or for developing normal reference ranges for services that we perform.

- **Treatment, Payment and Health Care Operations of Other Covered Entities.** We may disclose your PHI for another covered entity's treatment and payment purposes. For example, we may disclose your PHI to your health care provider for their ongoing treatment of you or we may disclose your PHI when it would facilitate payment for services between multiple health plans with respect to coordination of benefits. In addition, we are permitted to disclose PHI to other covered entities so that they can conduct certain of their health care operations or for purposes, such as fraud and abuse detection or compliance. We will only disclose PHI to other covered entities for these health care operations purposes if that covered entity has or has had a relationship with you.
- **Appointments and Other contact.** Unless you instruct us otherwise, we will contact you at home to remind you of appointments, to check that our aides and other staff have arrived and are performing satisfactorily.
- **Additional reasons for disclosure.** We may also use or disclose Protected Health Information to:
 - a governmental agency or its agents as required by state or federal law;
 - appropriate authorities when we reasonably believe you may be the victim of abuse, neglect, or domestic violence;
 - military authorities if you are or were previously a member of the armed forces;
 - further public safety or, when requested by federal officials, for national security or intelligence activities or for the protection of public officials;
 - appropriate bodies for public health activities, including the reporting of child abuse or neglect, reporting adverse events, product defects, or for Food and Drug Administration reporting;
 - a health oversight agency for activities such as audits, investigations, licensure or for disciplinary actions or civil, administrative or criminal proceedings. These disclosures are necessary for the government to oversee the health care system, government benefits programs, to determine compliance with program standards, and to determine compliance with civil rights laws;
 - A court or administrative tribunal in response to a court or administrative order. we may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested. We may also disclose health information in response to litigation that directly involves us;
 - the correctional institution or the law enforcement agency if you are an inmate or are in the custody of law enforcement. We may also disclose to health information to law enforcement officials under other circumstances including: certain disclosures that are required by law, such as reporting wounds, limited information for purposes of identifying you or locating you, if you are a victim of a crime; if you are dead; if a crime occurred on our premises, and to report a crime in an emergency;

- prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- comply with laws relating to workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. The Plan may also release health information to funeral directors as necessary to carry out their duties.

You should understand that, except in the circumstances described above, we will not disclose your Protected Health Information without a written authorization from you. Except for disclosures of Protected Health Information made directly to you, for your treatment, or pursuant to your authorization, the federal rules that govern the privacy of PHI generally require us to use and disclose only the minimum PHI necessary to accomplish the purpose of the disclosure.

Legal Rights Related to Protected Health Information

- The federal privacy rule, entitles you to request restrictions on our uses and disclosures of Protected Health Information for treatment, payment or health care operations purposes described above. We will consider each request but are not required to agree to any restrictions.
- The federal privacy rule entitles you to request to receive confidential communications of Protected Health Information if disclosing this information by the usual means could endanger you. Sooner Home Health Care will accommodate all reasonable requests, subject to the restrictions and capabilities of our information processing systems.
- The federal privacy rule entitles you to request to receive an accounting of certain disclosures of your PHI made by Sooner Home Health Care, such as disclosure to health oversight agencies. These do not include disclosures made for purposes of treatment, payment or health care operations.
- You have a right to request, in writing, to inspect and obtain a copy of Protected Health Information that we maintain about you that is included in what is called a “designated record set.” Additionally, when requesting information, you must reasonably describe the information you seek in your written request; and the information must be reasonably locatable and retrievable by us. We may charge you a fee to cover the cost of providing copies of this requested Protected Health Information.
- You have the right to amend your Protected Health Information included in the designated record set. We may deny your request pursuant to the HIPAA Privacy rules if we determine that our records are accurate and complete, if we determine that the information was not created by us, the information is not contained in our designated record set, or if access is otherwise restricted by law.

If you wish to exercise any of the legal rights described above, you must do so in writing. To obtain further information about these rights, or if you would like to make such a request, contact us at (405) 928-2727.

Keeping up-to-date with our Privacy Policy

Because our policies may change as we periodically review and revise them, we reserve the right to change the terms of this Notice and to make the new terms effective for all protected health information that we maintain. Whenever we make a material change to this notice or our Privacy Policies, we will provide you with a revised copy of our Notice.

We also post a copy of this notice in PDF format on our Sooner Home Health Care's website. You may download a copy from the website any time by going to the following URL: <http://www.soonerhs.com> and clicking the Patient Care Notice of Privacy Practices link at the bottom of any page.

We are required to maintain files of former patients for many years after our treatment relationship has ended. This means that it may be necessary to use or disclose your Protected Health Information for the purposes described above even after our relationship with you has terminated.

Complaints

You may file a complaint with Sooner Home Health Care if you feel that your privacy rights have been violated. All complaints must be submitted in writing. To file a complaint, contact Sooner Home Health Care's Privacy Official at (405) 928-2727.

You may also complain to the U.S. Secretary of Health and Human Services, who is responsible for overseeing compliance with federal privacy law. You will not be retaliated against for filing a complaint. If you would like to file a complaint with the U.S. Department of Health and Human Services your complaint should be directed to: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201.

If you have any questions or comments about this Notice, or to request a paper copy of it, you can call Sooner Home Health Care's Privacy Officer at (405) 928-2727.