



## **HIPAA Notice of Privacy Practices**

**THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### **I. UNDERSTANDING YOUR PROTECTED HEALTH INFORMATION**

Giving Home Health Care, LLC (Giving, the Company, we, our or us) may use your health information, information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. Giving has established policies and procedures to guard against unnecessary disclosure of your protected health information.

### **II. USES OR DISCLOSURES WHICH DO NOT REQUIRE YOUR WRITTEN AUTHORIZATION**

**To Provide Treatment:** Giving may use your health information to coordinate care within the Company and with others involved in your care, such as your attending physician and other health care professionals who have agreed to assist us in coordinating your care. For example, physicians involved in your care will need information about your symptoms to prescribe appropriate medications or care. Giving also may disclose your health care information to individuals outside of the Company involved in your care including your caregivers, pharmacists, suppliers of medical equipment or other health care professionals.

**To Obtain Payment:** Giving may include your health information in invoices to collect payment from third parties for the care you receive from the Company. For example, Giving may be required by the Department of Labor (DOL) to provide information regarding your health care status so that Giving can receive payment for services the Company and/or your caregiver provided to you. Giving also may need to obtain prior approval from the DOL and may need to explain to the DOL your need for home care and the services that will be provided to you. Your health information may also be provided to other providers or collection agencies to collect payment for care you receive.

**To Conduct Health Care Operations:** Giving may use and disclose health information for our own operations in order to facilitate the function of the Company and as necessary to provide quality care to all of our patients. Health care operations includes such activities as:

- Quality assessment and improvement activities
- Activities designed to improve health or reduce health care costs
- Protocol development, case management and care coordination
- Contacting health care providers and patients with information about treatment alternatives and other related functions that do not include treatment



- Professional review and performance evaluation
- Training programs including those in which students, trainees or practitioners in health care learn under supervision
- Training of non-health care professionals
- Accreditation, certification, licensing or credentialing activities
- Accounting, reviews and auditing, including compliance reviews, medical reviews, legal services and compliance programs, by outside companies that assist in operating our health care services and other services provided by these “business associates”.
- Business planning and development including cost management and planning related analyses and formulary development
- Business management and general administrative activities of the Company

For example, Giving may use your health information to evaluate our staff performance, combine your health information with other Giving patients to evaluate how to serve all of our patients more effectively, and disclose your health information to our staff and contracted personnel for training purposes.

**For Electronic Health Information Exchange:** Giving may use and disclose your electronic health records directly to another health care professional through health information direct exchanges. Patient referrals, discharge summaries, and laboratory orders and results are examples of the types of information that may be exchanged electronically which enables coordinated care.

**For Appointment Reminders:** Giving may use and disclose your health information to contact you as a reminder that you have an appointment for a home, physician or case management visit.

Any person or entity that performs functions regulated by HIPAA on behalf of Giving, which uses and/or disclosures individually identifiable health information is considered a Business Associate and signed agreements are entered into with these Business Associates, requiring the Business Associates to comply with HIPAA. Business Associates are now directly regulated by HIPAA and Privacy Rule Use/Disclosure provisions apply.

### **III. USES OR DISCLOSURES TO WHICH YOU MAY OBJECT**

Unless you ask us not to, Giving may use or disclose your health information without your written authorization for the following purposes:

**To Family Members:** Giving may use and disclose your health information to a family member, relative, or other involved in your health care or payment thereof, unless you object.

**For Treatment Alternatives:** Giving may use and disclose your health information to tell you about or recommend possible treatment options or alternatives and other health related benefits and services that may be of interest to you unless you object.



**For Assistance in Disaster Relief Efforts:** Giving may use or disclose your health information to assist in disaster relief efforts unless you object.

**For Limited Marketing:** Giving may use and disclose your health information to make a face-to-face communication to you to market a service or product and may provide a promotional gift of nominal value unless you object.

If you wish to authorize use and disclosure of your protected health information in situations which require your authorization, you may contact the Privacy Officer (whose contact information is listed below) to obtain a *HIPAA Authorization to Use and Disclose Protected Health Information* form. All authorizations must be in writing.

If you authorize Giving to use or disclose your health information, you may revoke that authorization in writing at any time. You may contact the Privacy Officer as detailed below.

#### **IV. USES OR DISCLOSURES REQUIRED OR PERMITTED BY LAW**

Giving may be required or permitted to use or disclose your health information in the following circumstances without your written authorization.

**When Legally Required:** Giving will disclose your health information when it is required or permitted by law to do so by any Federal, State or local law.

**In Connection With Judicial And Administrative Proceedings:** Giving may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process.

**For Law Enforcement Purposes:** As permitted or required by State law, Giving may disclose your health information to a law enforcement official for certain law enforcement purposes as follows:

- As required by law for reporting of certain types of wounds or other physical injuries pursuant to the court order, warrant, subpoena or summons or similar process
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person
- Under certain limited circumstances, when you are the victim of a crime.
- To a law enforcement official if Giving has a suspicion that your death was the result of criminal conduct including criminal conduct at the Company
- In an emergency or in order to report a crime



**To Conduct Health Oversight Activities:** Giving may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action.

**When There Are Risks to Public Health:** Giving may disclose your health information for public activities and purposes in order to:

- Prevent or control disease, injury or disability, report disease, injury, vital events such as birth or death and the conduct of public health surveillance, investigations and interventions
- Report adverse events, product defects, to track products or enable product recalls, repairs and replacements and to conduct post-marketing surveillance and compliance with requirements of the Food and Drug Administration
- Notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease
- Notify an employer about an individual who is a member of the workforce as legally required

**In the Event of A Serious Threat To Health Or Safety:** Giving may, consistent with applicable law and ethical standards of conduct, disclose your health information if the Company, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

**To Report Abuse, Neglect Or Domestic Violence:** Giving is permitted to notify government authorities if the Company believes a patient is the victim of abuse, neglect or domestic violence.

**To Coroners And Medical Examiners:** Giving may disclose your health information to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law.

**To Funeral Directors:** Giving may disclose your health information to funeral directors consistent with applicable law and if necessary, to carry out their duties with respect to your funeral arrangements.

**For Organ, Eye Or Tissue Donation:** Giving may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue for the purpose of facilitating the donation and transplantation.

**For Specified Government Functions:** In certain circumstances, certain Federal regulations authorize us to use or disclose your health information to facilitate specified government functions relating to military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody.



**For Worker's Compensation:** Giving may release your health information for worker's compensation or similar programs.

## **V. USES OF DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION**

All other uses and disclosures by us, other than those stated above, will require us to obtain from you a written authorization, in particular:

**Marketing Goods and Services:** If Giving markets a third party's goods or services to you and receives remuneration for that marketing, a written authorization from you is required.

**Use of Third-Party Psychotherapy Notes:** If Giving use psychotherapy notes beyond treatment, payment, and health care operations, a written authorization from you is required.

If you or your representative authorizes Giving to use or disclose your health information, you may revoke that authorization in writing at any time. You may contact the Privacy Officer as detailed below.

## **VI. YOUR RIGHTS WITH RESPECT TO YOUR PROTECTED HEALTH INFORMATION**

You have the following rights regarding the use and disclosure of your health information that Giving creates or that Giving may maintain:

**Right to request restrictions:** You have the right to request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on our disclosure of your health information to someone who is involved in your care or the payment of your care. Giving will consider your request, but the Company is not legally required to grant your request, unless the restriction is to not tell your insurance company about a treatment and you or someone on your behalf has paid out of pocket for that treatment in full. If you wish to make a request for restrictions, please contact the Company's Privacy Officer (whose contact information is listed below) and obtain the *Request For Restrictions on Use/Disclosure of Protected Health Information* form. Requests must be made in writing.

**Right to receive confidential communications:** You have the right to request that the Company communicate with you in a certain way. For example, you may ask that the Company only conduct communications pertaining to your health information with you privately with no other family members present, or by alternate means or location. If you wish to receive confidential communications, please contact the Company's Privacy Officer (whose contact information is listed below) and ask for the *Request for Confidential*



*Communications* form. Requests must be made in writing. Giving will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.

**Right to access inspect and copy your health information:** You have the right to access, inspect and copy your health information, including billing records or ask for an electronic copy of health information kept electronically. If you wish to access, inspect and copy records containing your health information, please contact the Company's Privacy Officer (whose contact information is listed below) and ask for the *HIPAA Request for Access to Protected Health Information* form. Requests must be made in writing. If you request a copy of your health information, Giving may charge a reasonable fee for copying and assembling costs or creating an electronic copy associated with your request. Giving must provide you access or electronic copies of your electronically-kept protected health information within 15 days of your written request.

**Right to breach notification:** You have the right to be notified in the event that Giving or one of our business associates discovers a breach of unsecured protected health information involving your medical information. If such a breach is discovered, you will be notified in writing and the notification will be delivered by first class mail.

**Right to revocation of an authorization:** You have the right to revoke an authorization you have previously provided. If you wish to revoke a previous authorization, please contact the Company's Privacy Officer (whose contact information is listed below) and request the *Patient Revocation of Authorization for Disclosure of Patient Protected Health Information*. Requests must be made in writing.

**Right to amend health care information:** You have the right to request that Giving amends your records, if you believe that your health information is incorrect or incomplete. That request may be made as long as the information is maintained by us. If you wish to request an amendment of your health records, please contact the Company's Privacy Officer (whose contact information is listed below) and request the *HIPAA Request to Amend Protected Health Information* form. Requests must be made in writing. Giving may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your health information records were not created by us, if the records you are requesting are not part of our records, if the health information you wish to amend is not part of the health information you are permitted to inspect and copy, or if, in our opinion, the records containing your health information are accurate and complete.

**Right to an accounting concerning whom Giving has shared your information:** You have the right to request a list (accounting) of the times Giving has shared your health information, who the Company shared it with and why. Giving will include all disclosures except those for treatment, payment, or health care operations, and certain other disclosures (such as any you have asked the Company to make). You may request an accounting of disclosures of your health information by us made for a period not to exceed six (6) years prior to the request date. Giving will provide the first accounting you request during any





12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee. If you wish to request an accounting of disclosures of your health information, please contact the Company's Privacy Officer (whose contact information is listed below) to request the *HIPAA Request for Accounting of Disclosures of Protected Health Information* form. The request must be in writing.

**Right to a paper copy of this notice.** You have a right to a separate paper copy of this Notice at any time, even if you have received this Notice previously. To obtain a separate paper copy, please contact the Company's Privacy Officer at (737) 637-2992 or at [amarks@givinghhc.com](mailto:amarks@givinghhc.com). You may also obtain a copy of the current version of our Notice of Privacy Practices at our website, [www.givinghhc.com](http://www.givinghhc.com).

**Right to complain:** You have the right to express complaints to us and to the Secretary of the U.S. Dept. of Health and Human Services (DHHS) if you believe that your privacy rights have been violated. Any complaints to us should be made in writing to the Company's Privacy Officer whose contact information is listed below. The Company encourages you to express any concerns you may have regarding the privacy of your information. Any complaints to DHHS may be made by sending a letter to 200 Independence Avenue, S.W. Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints). The law forbids Giving from taking retaliatory action against you for filing a complaint.

**Right to choose someone to act for you:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. Giving will make sure the person has the authority and can act for you before Giving takes any action.

## **VII. GIVING'S DUTIES IN PROTECTING YOUR HEALTH INFORMATION**

- Giving is required by State and Federal law to maintain the privacy and security of your protected health information.
- Giving is required to provide to you this Notice of our duties and privacy practices with respect to health information. This Notice discharges that duty.
- Giving must abide by the terms of the Notice currently in effect.
- Giving is required to promptly notify you if a breach occurs that may have compromised the privacy or security of your protected health information.

## **VIII. CHANGES TO THE TERMS OF THIS NOTICE**

Giving reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all health information that Giving maintains. If Giving makes changes to this Notice, the new Notice will be available upon request, in our office, and on the Giving web site.



## **IX. CONTACT PERSON**

Giving has designated the Company's Chief Compliance Officer as its Privacy Officer who you can contact for all issues regarding patient privacy, this Notice, and your rights under the State and Federal privacy standards. You may contact this person by either writing or calling:

Alan Marks  
Chief Compliance Officer, Privacy Officer & Assoc. General Counsel  
Giving Home Health Care, LLC  
835 West 6th Street, Suite 1450  
Austin, Texas 78703  
Phone: (737) 637-2992  
Email: [amarks@givinghhc.com](mailto:amarks@givinghhc.com)  
URL: [www.givinghhc.com](http://www.givinghhc.com)

EFFECTIVE DATE: *This revised Notice is effective December 7, 2022.*

*[ACKNOWLEDGMENT RECEIPT FOLLOWS]*





### **ACKNOWLEDGEMENT OF RECEIPT**

I, \_\_\_\_\_, acknowledge that on \_\_\_\_\_ (insert date), I received a copy of Giving Home Health Care's (Giving) Notice of Privacy Practices and that I read and understood it. I understand that:

- I have certain rights to privacy regarding my Private Health Information (PHI).
- Giving can and will use my PHI for purposes of my treatment, payment, and health care operations.
- The Notice explains in more detail how Giving may use and share my PHI for other purposes.
- I have the rights regarding my PHI listed in the Notice.
- Giving has the right to change the Notice from time to time, and I can obtain a current copy of the Notice by contacting:

Alan Marks  
Chief Compliance Officer, Privacy Officer & Assoc. General Counsel  
Giving Home Health Care, LLC  
835 West 6th Street, Suite 1450  
Austin, Texas 78703  
Phone: (737) 637-2992  
Email: [amarks@givinghhc.com](mailto:amarks@givinghhc.com)

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Signature