



## NOTICE OF PRIVACY PRACTICES

Effective: 5/23/2016

Supersedes: 8/5/2015 version

### **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.**

Your health information is personal, and 360care is committed to protecting it.

360care, its subsidiaries and any related organizations (herein referred to as "Company," "we," or "our"), may use and disclose your protected health information ("PHI") for treatment, payment, and health care operations, as well as for other purposes that are permitted or required by law. This notice applies to all records of your care that are created and/or maintained by Company. Your health information is contained in a medical record that is the physical property of Company. We will abide by the terms of this notice.

We are required by law to maintain the privacy of your PHI and to provide you with this notice explaining our privacy practices with regard to your medical information. You have certain rights regarding the privacy of your PHI and those rights are described in this notice.

Company reserves the right to change the provisions of this notice and to make new provisions effective for all PHI we maintain. If Company makes a material change to this notice, we will promptly post the changes on our website at [www.360care.com](http://www.360care.com).

#### **What is Protected Health Information?**

Protected Health Information or "PHI" consists of individually identifiable health information, which may include demographic information we collect from you or create or receive from a health care provider, a health plan, your employer, or a health care clearinghouse and that relates to: (i) your past, present or future physical or mental health or condition; (ii) the provision of health care to you; or (iii) the past, present or future

payment for the provision of health care to you.

#### **Ways in Which We May Use and Disclose Your PHI**

For Treatment. We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. We may also disclose your PHI to other providers who may be treating you. Additionally we may from time to time disclose your PHI to another provider who has been requested to be involved in your care. For example, your protected health information may be provided to a physician to whom you have been referred, DME vendors, surgery centers/hospitals, home health providers, laboratories, etc. to ensure that the healthcare provider has the necessary information to diagnose and/or treat you.

For Payment. Company may use and disclose your PHI to others for purposes of obtaining payment for treatment and services that you receive. For example, a bill may be sent to you or a third-party payer, such as an insurance company. The information on the bill may contain information that identifies you and the services we provided to you.

For Health Care Operations. Company may use and disclose health information about you for operational purposes. For example, we may use medical information about you to review and evaluate our treatment and services or to evaluate our staff's performance while caring for you. In addition, we may disclose your PHI to third party business associates who perform billing, consulting, or transcription, or other services for our company.

Health Information Exchange. We may participate in certain health information exchanges whereby we may disclose your health information, as permitted by law, to other health care providers or entities for treatment, payment, or health care operations purposes.

#### **Other Ways We May Use and Disclose Your PHI**

Research. We may use and disclose your PHI to researchers, provided the research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

As Required by Law. We will use and disclose your PHI when required to do so by federal, state, or local law. For example, for judicial and administrative proceedings pursuant to legal authority or

to assist law enforcement officials in their law enforcement duties.

To Avert a Serious Threat to Public Health or Safety. Your PHI may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability, or reporting information to the Food and Drug Administration for reporting and tracking adverse-event or regulated products. If directed by that health authority, we may also disclose your PHI to a foreign government agency that is collaborating with the public health authority.

Worker's Compensation. Your PHI may be used or disclosed in order to comply with laws and regulations related to Workers' Compensation.

Health and Safety. Your PHI may be disclosed to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.

Notification and Disaster Relief. We may use or disclose your PHI to notify your family or personal representative of your location or condition. Unless you object, or there are emergency circumstances, we may also disclose your PHI to persons performing disaster relief activities.

#### **Uses and Disclosures Requiring Authorization**

The following uses and disclosures will be made only with your authorization: (i) uses and disclosures for marketing purposes, (ii) uses and disclosures that constitute a sale of PHI, and (iii) other uses and disclosures not described in this notice.

#### **Uses and disclosures that require Company give you the opportunity to object or "opt out"**

Others Involved in Your Care. We may provide PHI to a family member, friend, or other person involved in your health care or in payment for your health care, if you do not object, or in an emergency. In addition, upon your engaging our services, we will ask you to complete a form to help clarify for us which of your family members and/or friends are likely to be involved with your health care and/or payment for your health care. If we disclose PHI to a family member, relative or close personal friend, we will disclose only the information that we believe is relevant to that person's involvement with your health care or payment related to your health care.

## Uses or Disclosures Not Covered by this Notice

Uses or disclosures of your PHI not covered by this notice or the laws that apply to us may only be made with your written authorization. You may revoke such authorization in writing at any time and we will no longer disclose your PHI for the reasons stated in your written authorization. Disclosures made in reliance on the authorization prior to the revocation are not affected by the revocation.

## Notification of a Breach

Under the Health Information Technology for Economic and Clinical Health Act ("HITECH"), Company is required to notify you if a "breach" of your "unsecured PHI" occurs. The notification will (i) provide a brief description of what happened; (ii) recommend steps to protect against potential harm resulting from the breach; and (iii) provide you with contact information to ask questions or learn additional information.

## Access to E-Health Records

You have the right to access your own e-health record in an electronic format and to direct Company to send the e-health record directly to a third party. Company may only charge for the labor costs incurred in preparing and sending the record to the third party.

## Accounting of E-Health Records for Treatment, Payment, and Operations

Company must provide an accounting of disclosures through an e-health record to carry out treatment, payment, and health care operations. This requirement is limited to disclosures within the three-year period prior to any request we receive from you.

Upon request, Company must either: (i) provide you with an accounting of disclosures it has made as well as those disclosures of each of its business associates; or (ii) provide you with an accounting of the disclosures made by Company and a list of business associates, including their contact information, who will be responsible for providing an accounting of such disclosures upon request.

## Your Health Information Rights

Although your health record is the physical property of Company, the information in that record belongs to you. You have the right to:

**Request an Amendment.** You may request that your health record be amended if you

believe that the health information we have about you is incomplete or incorrect. Requests to amend your health information must be in writing. We may deny your request if we determine that the PHI that is the subject of the request: (i) was not created by Company, unless the person/entity that created the information is no longer available to make the amendment; (ii) is not part of the designated record set; (iii) would not be available for inspection under the provision below; or (iv) is accurate and complete. If we do deny the request, we will notify you in writing of the reason for the denial and your right to submit a statement disagreeing with the denial.

**Request Restrictions.** You may request a restriction on the uses and disclosures of your information for treatment, payment and health care operations purposes. All such requests must be in writing. We must agree to your request to restrict disclosure of PHI to your health plan with respect to healthcare for which you have paid in full out of pocket. All other requests will be considered carefully, however, we are not required under federal law to agree to your request. We will notify you of our decision in writing. If we agree, we will comply with your request unless such information is needed to provide emergency treatment to you.

**Inspect and Copy.** You have the right to inspect and copy the PHI that we maintain about you, whether in paper or electronic format, for as long as we maintain that information. This information includes your medical and billing records, as well as any other records we use for making decisions about you. However, we may deny your request to inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or for use in, a legal proceeding, protected health information restricted by law, information that is related to medical research in which you have agreed to participate, information that was obtained under a promise of confidentiality, and information whose disclosure may result in harm or injury to you or to another person. In certain circumstances, we may deny your request, but if we do, we will notify you in writing of the reason(s) for the denial and explain your right to have the denial reviewed. If you ask for a copy of your PHI, we may, unless otherwise prohibited by state law, charge you a fee for copying and mailing.

If you wish to inspect or copy your medical information, you must submit your request in writing to Company at 1200 Kirts Blvd.,

Suite 200, Troy, Michigan 48084. You may mail your request, or bring it to the office. We will have 30 days to respond to your request for information. If we are not able to provide the requested information within 30 days, we are allowed up to an additional 30 days to provide it, and we must inform you of this delay.

**An Accounting of Disclosures.** You have the right to receive an accounting of disclosures of your PHI. Requests to obtain a list of instances in which Company has disclosed your PHI must be in writing and must state a time period which may not be longer than six years from the date the request is submitted. The list will not include disclosures made prior to April 14, 2003, certain disclosures required by law, disclosures made for purposes of treatment, payment and healthcare operation, and disclosures made to, or authorized by you. The first disclosure list in a year is free. If you request additional lists in any year we may charge you a fee. We will notify you of such costs and afford you the opportunity to withdraw your request before any costs are incurred.

**Request Confidential Communications.** You have the right to ask Company to communicate PHI to you using alternative means or at alternative locations. Such requests must be in writing. We will accommodate reasonable requests and will notify you if we are unable to agree to your request.

**A Paper Copy of This Notice.** You have the right to obtain an additional paper copy of this notice upon request. You may obtain a paper copy of this notice by contacting our Compliance Officer at (248) 528-1981 or submitting a written request to the address listed under "Contact Information."

**Changes to this Notice.** We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice on our website.

**File a Complaint.** If you have questions regarding this notice or believe we have violated your privacy rights, you have the right to file a complaint with us by notifying our Compliance Officer. You may also file a complaint with the Secretary of the United States Department of Health and Human Services.

**Contact Information:**

**Compliance Officer**  
**360care**  
**1200 Kirts Blvd. Suite 200**  
**Troy MI 48084**  
**Phone: 248-528-1981**  
**Fax: 248-528-2963**

We will not penalize you or retaliate against you in any way for filing a complaint.

**Acknowledgement Form**

Please sign the acknowledgement form below. Note that by signing the acknowledgement form, you are only acknowledging that you have received or been given the opportunity to receive a copy of our Notice of Privacy Practices.

Please sign and return the acknowledgement to:

360care  
1200 Kirts Blvd. Suite # 200  
Troy, MI 48084

---

**ACKNOWLEDGEMENT OF  
RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I have received a copy of Company's Notice of Privacy Practices, which describes how my health information is used and shared.

\_\_\_\_\_  
Patient's Printed Name

\_\_\_\_\_  
Personal Representative's Printed Name

\_\_\_\_\_  
Signature of Resident or Personal Representative

\_\_\_\_\_  
Relationship of Personal Representative

\_\_\_\_\_  
Name of Facility

\_\_\_\_\_  
Date