

Hospice/Facilities HIPAA NOTICE OF PRIVACY PRACTICES

This notice describes how your medical information may be used, disclosed, and accessed. Please review it carefully.

RIGHTS:

Patients of ELITE MEDICAL CARE, LCC have the right to the following:

You have the right to request, in writing, restrictions on certain uses and disclosures of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment, or healthcare operations. Your request must state the specific restriction requested and to whom you want the restriction to apply.

We are not required to agree to any restriction and will advise you if this is the case.

You have the right to receive confidential communication of your protected health information and may request to receive information from us by alternative means or at alternate locations.

You have the right to inspect and copy protected health information about you. If you desire to review and inspect your medical record, a request to do so may be made in writing to the Management of ELITE MEDICAL CARE, LLC. The copies will be made and forwarded to you by mail within 10 business days of receipt of your request. A charge of 15 cents per page will be assessed to cover the cost of copying the material. You have the right to request, in writing, amendments or revisions to your protected health information and to receive a response to your request for an amendment or revision. This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to request, in writing, an accounting of disclosures of protected health information that were provided without your written authorization. This accounting will be available one time per year at no cost to you.

If you desire an accounting of disclosures more frequently, this may be provided at a charge of \$10.00 to cover the cost of providing this information. You have the right to obtain a paper copy of this notice if this form is provided electronically.

RIGHTS AND RESPONSIBILITIES OF ELITE MEDICAL CARE, LLC

ELITE MEDICAL CARE, LLC has the right to refuse to agree to a requested restriction on uses or disclosure of protected health information. ELITE MEDICAL CARE, LLC is required by law to maintain the privacy of protected health information of each of our patients. ELITE MEDICAL CARE, LLC is required by law to provide a copy of this notice of privacy practices to you as it relates to your protected, confidential patient information.



USES OR DISCLOSURES

ELITE MEDICAL CARE, LLC shall from time to time provide information about you without requesting specific authorization for treatment, payment, and health care operations. This is not a complete listing, but is provided as an example of how the information may be used:

TREATMENT

The staff of ELITE MEDICAL CARE, LLC may confer about your needs and will share pertinent information about you as needed for on-call coverage. The staff may share protected health information about you with other agencies providing care to you.

PAYMENT

Information about your health will be shared with your insurance company to provide the information they require in order to pay your claim for the services rendered. We may also disclose medical information to your insurance company to obtain prior authorization for treatment and procedures.

HEALTH CARE OPERATIONS

ELITE MEDICAL CARE, LLC may use health information for operations and activities such as quality control, quality assurance, and financial planning that are necessary for ELITE MEDICAL CARE, LLC to provide efficient and quality care for our patients.

SCHEDULING REMINDERS

ELITE MEDICAL CARE, LLC will contact you by telephone to schedule delivery of services. If you do not wish to have these reminders by telephone, please contact the office.

SITUATIONS WHICH DO NOT REQUIRE AUTHORIZATION:

We are allowed to release medical information about you, to the following with authorization:

PUBLIC HEALTH ACTIVITIES

ELITE MEDICAL CARE, LLC may disclose medical information about you for public health activities such as control of disease, injury, or disability, reporting of births and deaths, reporting of child/elder abuse or neglect, reporting of medical adverse events, and in situations related to defective medical products.

MILITARY AND VETERANS

ELITE MEDICAL CARE, LLC may release medical information about you to military authorities if you are a member of the armed forces, for activities deemed necessary by appropriate military command authorities, for the purpose of determination by the Department of Veterans Affairs of your eligibility for benefits, or to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President of others legally authorized.



WORKER'S COMPENSATION

ELITE MEDICAL CARE, LLC May disclose medical information about you for workers compensation programs if you have a work-related injury.

AVERTING SERIOUS THREAT TO HEALTH OR SAFETY

ELITE MEDICAL CARE, LLC Is required to disclose medical information When necessary to prevent a serious threat to your health and safety, or the health and safety of others.

HEALTH OVERSIGHT

ELITE MEDICAL CARE, LLC Is required to disclose medical information to the health oversight Agency for activities such as audits, investigations, and inspections.

LAW ENFORCEMENT

ELITE MEDICAL CARE, LLC May disclose medical information to law enforcement officials to the extent that such use or disclosure is required by law.

CORONERS, MEDICAL EXAMINERS

ELITE MEDICAL CARE, L LC May disclose medical information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law.

NATIONAL SECURITY

ELITE MEDICAL CARE, LLC May disclose medical information to Federal officials for intelligence, and other National Security activities as required by law.