

NOTICE OF PRIVACY PRACTICES
OF
Good Health Services, Inc.

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

Effective: April 14, 2003

If you have any questions or requests, please contact:

Sandi Massey, RN, MPH
Good Health Services, Inc.
7901 Strickland Road, Suite #112
Raleigh, North Carolina
1-800-737-0604
919-676-9796
Fax 919-676-0753

www.goodhealthservices.com

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A. We Have a Legal Duty to Protect Health Information About You

We are required by law to protect the privacy of health information about you and that can be identified with you, which we call “protected health information” or “PHI” for short. We must give you notice of our legal duties and privacy practices concerning PHI:

- We must protect PHI that we have created or received about: your past, present, or future health condition; health care we provide to you; or payment for your health care.
- We must notify you about how we protect PHI about you.
- We must explain how, when and why we use and/or disclose PHI about you.
- We may only use and/or disclose PHI as we have described in this Notice.

This Notice describes the types of uses and disclosure that we may make and gives you some examples. In addition, we may make other uses and disclosures which occur as a byproduct of the permitted uses and disclosures described in this Notice. If we participate in an “organized health care arrangement” (defined in subsection B.3 below), the providers participating the “organized health care arrangement” will share PHI with each other, as necessary to carry out treatment, payment or health care operations (defined below) relating to the “organized health care arrangement”.

We are required to follow the procedures in this Notice. We reserve the right to change the terms of this Notice and to make new notice provisions effective for all PHI that we maintain by first:

- Posting the revised notice in our offices;
- Making copies of the revised notice available upon request (either at our office or through the contact person listed in this Notice); and
- Posting the revised notice on our website.

B. We May Use and Disclose PHI About You Without Your Authorization in the Following Circumstances

1. We may use and disclose PHI about you to provide **health care treatment to you.**

We may use and disclose PHI about you to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others. For example, we may use and disclose PHI about you when you need an appointment with a physician, or if you require special transportation assistance or other health care service. In addition, we may use and disclose PHI about you when referring you to another health care provider.

Example An aide calls in sick for his/her shift and we are unable to fill the shift with our own staff. We may need to call a back up agency to secure adequate staff at that

time. Information concerning your care plan would be shared with another health care provider at that time who may provide services that are part of your care.

2. We may use and disclose PHI about you to obtain payment for services.

Generally, we may use and give your medical information to others to bill and collect payment for the treatment and services provided to you by us or by another provider. Before you receive scheduled services, we may share information about these services with your health insurance plan(s). Sharing information allows us to ask for coverage under your plan or policy and for approval of payment before we provide the services. We may also share portions of medical information about you with the following:

- Billing Staff
- Collection departments or agencies, or attorneys assisting us with collections.
- Insurance companies, health plans and their agents which provide you coverage;
- Agents or staff who review the care you received to check that it and the costs associated with it were appropriate for your illness or injury; and
- Consumer reporting agencies (i.e. credit bureaus)

Example: You may require a private duty aide following a hospitalization and you may have coverage through your insurance plan or Medicaid. We may need to give information to your plan about your condition and the types of services you require so that we can be paid or so you can be reimbursed.

3. We may use and disclose PHI about you for health care operations.

We may use and disclose PHI in performing business activities, which we call “health care operations”. These “health care operations” allow us to improve the quality of care we provide and reduce health care costs. We may also disclose PHI for the “health care operations” of any “organized health care arrangement” in which we participate. An example of an “organized health care arrangement” is the care and services provided by Medicaid CAP Case Managers and the Home Health Agency providing nursing care to clients. In addition, we may disclose PHI about you for the “health care operations” of other providers involved in your care to improve the quality, efficiency and costs of their care or to evaluate and improve the performance of their providers. Examples of the way we may use or disclose PHI about you for “health care operations” include the following:

- Reviewing and improving the quality, efficiency and cost of care that we provide to you and our other patients. For example, we may use PHI about you to develop ways to assist our health care providers and staff in deciding what care should be provided to others.
- Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you.
- Providing training programs for students, trainees, health care providers or non-health care professionals (billing clerks or assistants, etc.) to help them practice or improve their skills.

- Cooperating with outside organizations that assess the quality of care others and we provide. These organizations might include government agencies or accrediting bodies.
- Assisting various people who review our activities. For example, PHI may be seen by doctors reviewing the services provided to you, and by accountants, lawyers, and others who assist us in complying with applicable laws.
- Planning for our agency's future operations. For example, to evaluate services which are on the increase in demand.
- Conducting business management and general administrative activities related to our organization and the services it provides.
- Resolving grievances within our agency.
- Reviewing activities and using or disclosing PHI in the event that we sell our business, property or give control of our business or property to someone else.
- Complying with this Notice and with applicable laws.

4. We may use and disclose PHI under other circumstances without your authorization or an opportunity to agree or object.

We may use and/or disclose PHI about you for a number of circumstances in which you do not have to consent, give authorization or otherwise have an opportunity to agree or object. Those circumstances include:

- When the use and/or disclosure is required by law. For example, when a disclosure is required by federal, state or local law or other judicial or administrative proceeding.
- When the use and/or disclosure is necessary for public health activities. For example, we may disclose PHI about you if you have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.
- When the disclosure relates to victims of abuse, neglect or domestic violence.
- When the use and/or disclosure is for health oversight activities. For example, we may disclose PHI about you to a state or federal health oversight agency, which is authorized by law to oversee our operations.
- When the disclosure is for judicial and administrative proceedings. For example, we may disclose PHI about you in response to an order of a court or administrative tribunal.
- When the disclosure is for law enforcement purposes. For example, we may disclose PHI about you in order to comply with laws that require the reporting of certain types of wounds or other physical injuries.
- When the use and/or disclosure relates to decedents. For example, we may disclose PHI about you to a coroner or medical examiner for the purposes of identifying you should you die.
- When the use and/or disclosure is to avert a serious threat to health or safety. For example, we may disclose PHI about you to prevent or lessen

a serious and imminent threat to the health or safety of a person or the public.

- When the use and/or disclosure relates to correctional institutions and in other law enforcement custodial situations. For example, in certain circumstances, we may disclose PHI about you to a correctional institution having lawful custody of you.

5. You can object to certain uses and disclosures.

Unless you object, we may use or disclose PHI about you in the following circumstances:

- We may share with a family member, relative, friend or other person identified by you, PHI directly related to that person's involvement in your care or payment for your care. We may share with a family member, personal representative or other person responsible for your care PHI necessary to notify such individuals of your location, general condition or death.
- We may share your name, your address, and your general condition/needs in our assignment process for staffing the services required.
- We may share with a public or private agency (for example, American Red Cross) PHI about you for disaster relief purposes. Even if you object, we may still share the PHI about you, if necessary for the emergency circumstances.

If you would like to object to our use or disclosure of PHI about you in the above circumstances, please call or write to our contact person listed on the cover page of this Notice.

6. We may contact you with information about treatment, services, products, or health care providers.

We may use and/or disclose PHI to manage or coordinate your healthcare. This may include telling you about treatments, services, products, and/or other healthcare providers.

Example: If you are diagnosed with diabetes, we may tell you about nutritional and other counseling services that may be of interest to you.

****Any other Use or Disclosure of PHI about You Requires Your Written Authorization****

Under any circumstances other than those listed above, we will ask for your written authorization before we use or disclose PHI about you. If you sign a written authorization allowing us to disclose PHI about you in a specific situation, you can later cancel your authorization in writing by contacting Sandi Massey at 1-800-737-0604 Ext. 51. If you cancel your authorization in writing, we will not disclose PHI about you after we receive your cancellation, except for disclosures which were being processed before we received your cancellation.

C. You Have Several Rights Regarding PHI About You

1. You have the right to request restrictions on uses and disclosures of PHI about you.

You have the right to request that we restrict the use and disclosure of PHI about you. We are not required to agree to your requested restrictions. However, even if we agree to your request, in certain situations your restrictions may not be followed. These situations include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services, and uses and disclosures described in subsection B.4 of the previous section of this Notice. You may request a restriction by contacting Sandi Massey, Vice President Good Health Services at 1-800-737-0604 Ext. 51.

2. You have the right to request different ways to communicate with you.

You have the right to request how and where we contact you about PHI. For example, you may request that we contact you at your work address or phone number or by email. Your request must be in writing. We must accommodate reasonable requests, but, when appropriate, may condition that accommodation on your providing us information regarding how payment, if any, will be handled and your specification of an alternative address or other method of contact. You may request alternative communications by mailing your request to Attn: Security Officer, Good Health Services 7901 Strickland Road, Suite #112, Raleigh, North Carolina 27615.

3. You have the right to see and copy PHI about you.

You have the right to request to see and receive a copy of PHI contained in clinical, billing and other records used to make decisions about you. Your request must be in writing. We may charge you related fees. Instead of providing you with a full copy of the PHI, we may give you a summary or explanation of the PHI about you, if you agree in advance to the form and cost of the summary or explanation. There are certain situations in which we are not required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial. You may request to see and receive a copy of PHI by written request mailed to Attn: Security Officer, Good Health Services 7901 Strickland Road, Suite #112, Raleigh, North Carolina 27615

4. You have the right to request amendment of PHI about you.

You have the right to request that we make amendments to clinical, billing, and other records used to make decisions about you. Your request must be in writing and must explain your reason(s) for the amendment. We may deny your request if: 1) the information was not created by us (unless you prove the creator of the information is no longer available to amend the record); 2) the information is not part of the records used to

make decisions about you; 3) we believe the information is correct and complete; or 4) you would not have the right to see and copy the record as described in paragraph 3 above. We will tell you in writing the reasons for the denial and describe your rights to give us a written statement disagreeing with the denial. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment, including persons you name who have received PHI about you and who need the amendment. You may request an amendment of PHI about you by mailing a written request as described above and mailed to: Attn Security Officer, Good Health Services 7901 Strickland Road, Suite #112, Raleigh, North Carolina 27615.

5. You have the right to a listing of disclosures we have made.

If you ask our contact person in writing, you have the right to receive a written list of certain of our disclosures of PHI about you. You may ask for disclosures made up to six (6) years before your request (not including disclosures made prior to April 14, 2003). We are required to provide a listing of all disclosures except the following:

- For your treatment
- For billing and collection of payment for your treatment
- For health care operations
- Made to or requested by you, or that you authorized
- Occurring as a byproduct of permitted uses and disclosures
- Made to individuals involved in your care, for directory or notification purposes, or for other purposes described in subsection B.5 above
- Allowed by law when the use and/or disclosure relates to certain specialized government functions for relates to correctional institutions and in other law enforcement custodial situations (please see subsection B.4 above) and
- As part of a limited set of information which does not contain certain information which would identify you

The list will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed, and the purpose of the disclosure. If, under permitted circumstances, PHI about you has been disclosed for certain types of research projects, the list may include different types of information.

If you request a list of disclosures more than once in 12 months, we can charge you a reasonable fee. You may request a listing of disclosures by written request mailed to Attn: Security Officer, Good Health Services, 7901 Strickland Road Suite #112, Raleigh, North Carolina 27615.

6. You have the right to a copy of this Notice.

You have the right to request a paper copy of this Notice at any time by contacting Good Health Services at 1-800-737-0604 or by viewing on our web site at

www.goodhealthservices.com. We will provide a copy of this Notice no later than the date you first receive service from us (except for emergency services, and then we will provide the Notice to you as soon as possible.)

D. You May File A Complaint About Our Privacy Practices

If you think we have violated your privacy rights, or you want to complain to us about our privacy practices, you can contact the person listed below:

Sandi Massey, RN, MPH, Vice President Clinical Services
Good Health Services, Inc.
7901 Strickland Road, Suite #112
Raleigh, North Carolina 27615
1-800-737-0604 Ext. #51
email: smassey@goodhealthservices.com

You may also send a written complaint to the United States Secretary of the Department of Health and Human Services.

If you file a complaint, we will not take any action against you or change our treatment of you in any way.

E. Effective Date of This Notice

The Notice of Privacy Practices is effective on April 14, 2003.