



NOTICE OF PRIVACY PRACTICES FOR CONSUMERS (HIPAA)

Notice of Privacy Practices for Consumers (HIPAA)

In compliance with HIPAA - The Health Insurance Portability and Accountability Act of 1996

This notice describes how protected health information about you may be used and disclosed and how you can get access to this information. PLEASE REVIEW IT CAREFULLY.

Life Force is legally required to protect your privacy and provide you with this notice. The following summary outlines the kinds of information that Life Force may collect, what is done with the information after it is collected, how you can find out about information we have about you in our records, if any, and how disclosure of your protected health information is made.

Notice of Service Information Practices:

When you apply for any type of service you reveal a certain amount of information about yourself. Laws regulate the collection, use and disclosure of such information. Life Force takes the protection and confidentiality of your personal health information very seriously. Therefore, it is the policy of Life Force to:

- Collect only the information necessary or relevant to our business of caring for you in your home
- Make a reasonable effort to ensure that the information we act upon is accurate, relevant, timely, and complete
- Use only legitimate means to collect information
- Makes disclosure of personal health and financial information only in response to legitimate treatment, payment or health care operations requests, to accreditation, regulatory, public health or other government authorities, or others when properly authorized by you, or as otherwise permitted by law.
- Limit employees' access to your information to only those who have a business reason for knowing such information and are trained in the proper handling of personal health information.

What kind of information does Life Force collect and from whom?

We get most of your information directly from you. The application and assessments completed and questions answered upon intake and admission generally gives us the basic information we have compiled. Depending upon the nature of your needs and consent to make additional referrals or inquiries we may collect further information to support these requests for service. Additional information will be gathered from you or other care givers as we continue to provide care to you and this information becomes relevant to the scope and type of care you require.

If you are receiving services from a government funded program, which requires a physician's medical authorization, we will contact your doctor to verify your need for care and approval of the Plan of Care. If you are receiving other community services, they will have provided us with basic referral information.

What do we do with the information collected about you?

Information collected about you is maintained in a confidential client record file. We use this information to continue to provide care, bill for services, and in emergency situations. We use non-identifying information (gender, age, zip code, diagnosis, etc.) to comply with community health surveys, reports and to demonstrate need for additional community funding.

Your client record is kept for seven years after you have been permanently discharged from service.

To whom do we disclose information about you?

- Law enforcement or other government authorities to report things like abuse, neglect, or exploitation or to avoid serious threat to the health or safety of a person or public and to prevent or lessen such harm
- Authorized persons as ordered by a subpoena, warrant or other court order, or as required by law
- Accreditation, regulatory agencies, funding or payer entities, and others in order to make sure we're complying with the laws that affect us, to operate Life Force, and receive payment for your care

- Authorized persons involved in your treatment or those involved in your care or the coordination of your care such as physicians, hospital discharge planners, visiting nurses, care managers or public funding agencies
- Public health agencies for mandatory reporting of specific diseases
- Family, friends or others you have indicated are involved in your care unless you object

Your authorization to disclose information about you is required when?

When information about you is disclosed for purposes other than those allowed by law, you will be asked to complete a consent form to release this information and this will be documented in your client record. You may revoke this authorization in writing to stop any further release of information to the extent that we have not taken any action relying on the authorization. **We do not provide your information to outside organization or persons for marketing, fundraising or similar purposes without your specific consent.**

How do we protect the confidentiality of information about you?

Life Force maintains security standards and procedures to prevent unauthorized access to your information. We limit employee access to personal identifiable information to those with a business reason for knowing such information. Your record is secured in a locked cabinet with access restricted to those who have a need to know the information for treatment, payment, or operational purposes. Life Force believes in educating its employees so that they will understand the importance of protecting the confidentiality of your information, and in acting appropriately to enforce employee privacy responsibilities. Life Force considers any violation of confidentiality by its employees a serious offense. When you cease being a client, we will continue to protect your information in the same manner.

How can you find out about information we have about you?

You have a right to know what kind of information we keep about you in your file, and to have reasonable access to the information. We will not send you any medical information we have received about you from a doctor or other health care provider. Instead, you should contact the doctor or health care provider directly to obtain the information you seek.

To submit a request for information, please send your written request to Life Force at the above address. Upon receipt of your written request to review your records, we will inform you in writing, within thirty days (30), of the nature and substance of locatable and retrievable recorded personal information about you in our files. You may request, in writing, a copy of this information from us for a reasonable charge (\$1.00 per page up to a maximum of \$50.00 per file, plus postage or deliver charges).

How can I correct or update my personal health information?

If you believe that personal information we have about you in our records is incomplete or inaccurate, you may request, in writing, that we make any necessary corrections to the disputed personal information. We will respond within sixty days (60) of receiving your written request. If your request is approved we will make the changes and tell you that we have done it, and others that need to know about the changes. We may deny your request if the personal health information is correct and complete, not created by use, not allowed to be disclosed, or not part of our records.

If you think we have violated your privacy rights you may contact the Chief Executive of Life Force at the above address or by calling (856) 667-2922 or file a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Ave., S.W.; Room 615 F; Washington, DC 20201. Your service will not be affected nor will Life Force take any action against you if you file a complaint about our privacy practices.