



NOTICE OF PRIVACY PRACTICES

PURPOSE:

The purpose of this policy is to ensure Alliance Total Care (herein referred to as "ATC") makes available its Notice of Privacy Practices to patients as required by the HIPAA Privacy Rule.

POLICY STATEMENT:

ATC shall make available the current version of its Notice of Privacy Practices pursuant to the requirements of the HIPAA Privacy Rule.

References to the Privacy Officer include his or her designee. References to an individual include his or her personal representative as authorized by law.

PROCEDURE:

1. A copy of the current version of ATC's Notice of Privacy Practices ("the Notice") is attached as **Exhibit A**.
2. The Privacy Officer shall have overall responsibility for ensuring proper distribution of the Notice as required by the HIPAA Privacy Rule.
3. ATC shall give copy of the current Notice and obtain a written acknowledgement of receipt of the Notice from each new patient. It is not necessary for ATC to give the current Notice to a patient from whom a written acknowledgement of receipt has been previously obtained even if the patient acknowledged receipt of a prior version of the Notice.
4. Each time a patient is seen by ATC, the workforce member responsible for registering the patient shall review the patient's record to determine whether the patient previously has provided a written acknowledgement of receipt of the Notice. If the patient has not provided such acknowledgement, the workforce member shall give the patient (or patient representative) a copy of the current Notice, and obtain the signature of the patient on the acknowledgement form, a copy of which is attached as **Exhibit B**. The workforce member then shall place the signed acknowledgement in the patient's medical record. If the patient refuses to sign the acknowledgement, or the workforce member otherwise is unable to obtain an acknowledgement from the patient, the workforce member shall document in the record the good faith efforts to obtain the acknowledgement on the form attached hereto as **Exhibit C**.
5. If the process outlined in the preceding section cannot be completed prior to treating the patient due to an emergency situation, that process shall be completed as soon as possible.
6. The Privacy Officer shall ensure either (a) a full copy of the current Notice is posted in a clear and prominent location in the reception area, or (b) a summary of the Notice is posted in such location *and* a copy of the current Notice is maintained in ATC's facility in a notebook clearly labeled "Notice of Privacy Practices" available to any visitor to ATC's facility. ATC staff will carry a copy of the current Notice while providing in-home services to patients.
7. The Privacy Officer shall ensure that the current version of the Notice is posted on ATC's website available from a link appearing on the home page of such website.
8. Any member of ATC's workforce who receives an inquiry concerning the Notice shall direct such inquiry to the Privacy Officer. The Privacy Officer shall be responsible for handling all such inquiries. Upon request, the Privacy Officer shall provide a copy of the current Notice to any person who requests a copy of the document.

EXHIBIT A

ALLIANCE TOTAL CARE NOTICE OF PRIVACY PRACTICES

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

You have the right to a paper copy of this Notice; you may request a copy at any time.

Alliance Total Care (herein referred to as ATC) is required by law to maintain the privacy of protected health information, to provide individuals with notice of its legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information.

ATC provides health care to patients in partnership with physicians and other professionals and organizations. The information in this Notice of Privacy Practices will be followed by all the following entities, sites, and locations of ATC:

- All individuals employed by ATC
- All departments
- Volunteers working at any ATC facility or in patient homes
- Any health care professional, medical, nursing and other students who are at our facility
- Any location where patients are given care such as in a patient's home

HOW ATC MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU.

ATC may use and disclose your health information for the following purposes without your express consent or authorization.

Treatment. We may use your health information to provide you with medical treatment. We may disclose information to doctors, nurses, technicians, medical students, or other personnel involved in your care. We also may disclose information to persons outside ATC involved in your treatment, such as other health care providers, family members, and friends.

We may use and disclose health information to discuss with you treatment options or health-related benefits or services or to provide you with promotional gifts of nominal value. We may use and disclose your health information to remind you of upcoming appointments. Unless you direct us otherwise, we may leave messages on your telephone answering machine identifying ATC and asking for you to return our call. We will not disclose any health information to any person other than you except to leave a message for you to return the call.

Payment. We may use and disclose your health information as necessary to collect payment for services we provide to you. We also may provide information to other health care providers to assist them in obtaining payment for services they provide to you.

Health Care Operations. We may use and disclose your health information for our internal operations. These uses and disclosures are necessary for our day-to-day operations and to make sure patients receive quality care. We may disclose health information about you to another health care provider or health plan with which you also have had a relationship for purposes of that provider's or plan's internal operations.

Business Associates. ATC provides some services through contracts or arrangements with business associates. We require our business associates to appropriately safeguard your information.

Creation of de-identified health information. We may use your health information to create de-identified health information. This means that all data items that would help identify you are removed or modified.

Uses and disclosures required by law. We will use and/or disclose your information when required by law to do so.

Disclosures for public health activities. We may disclose your health information to a government agency

authorized (a) to collect data for the purpose of preventing or control disease, injury, or disability; or (b) to receive reports of child abuse or neglect. We also may disclose such information to a person who may have been exposed to a communicable disease if permitted by law.

Disclosures about victims of abuse, neglect, or domestic violence. ATC may disclose your health information to a government authority if we reasonably believe you are a victim of abuse, neglect, or domestic violence.

Disclosures for judicial and administrative proceedings. Your protected health information may be disclosed in response to a court order or in response to a subpoena, discovery request, or other lawful process if certain legal requirements are satisfied.

Disclosures for law enforcement purposes. We may disclose your health information to a law enforcement official as required by law or in compliance with a court order, court-ordered warrant, a subpoena, or summons issued by a judicial officer; a grand jury subpoena; or an administrative request related to a legitimate law enforcement inquiry.

Disclosures regarding victims of a crime. In response to a law enforcement official's request, we may disclose information about you with your approval. We may also disclose information in an emergency situation or if you are incapacitated if it appears you were the victim of a crime.

Disclosures to avert a serious threat to health or safety. We may disclose information to prevent or lessen a serious threat to the health and safety of a person or the public or as necessary for law enforcement authorities to identify or apprehend an individual.

Disclosures for specialized government functions. We may disclose your protected health information as required to comply with governmental requirements for national security reasons or for protection of certain government personnel or foreign dignitaries.

Disclosures for fundraising. We may disclose demographic information and dates of service to an affiliated foundation or a business associate that may contact you to raise funds for ATC. You have a right to opt out of receiving such fundraising communications.

OTHER USES AND DISCLOSURES

We will obtain your express written authorization before using or disclosing your information for any other purpose not described in this notice. For example, authorizations are required for use and disclosure of psychotherapy notes, certain types of marketing arrangements, and certain instances involving the sale of your information. You may revoke such authorization, in writing, at any time to the extent ATC has not relied on it.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION.

Right to Inspect and Copy. You have the right to inspect and copy health information maintained by ATC. To do so, you must complete a specific form providing information needed to process your request. If you request copies, we may charge a reasonable fee. We may deny you access in certain limited circumstances. If we deny access, you may request review of that decision by a third party, and we will comply with the outcome of the review.

Right To Request Amendment. If you believe your records contain inaccurate or incomplete information, you may ask us to amend the information. To request an amendment, you must complete a specific form providing information we need to process your request, including the reason that supports your request.

Right to an Accounting of Disclosures and Access Report. You have the right to request a list of disclosures of your health information we have made, with certain exceptions defined by law. To request an accounting or an access report, you must complete a specific written form providing information we need to process your request.

Right to Request Restrictions. You have the right to request a restriction on our uses and disclosures of your health information for treatment, payment, or health care operations. You must complete a specific written form providing

information we need to process your request. ATC's Privacy Officer is the only person who has the authority to approve such a request. ATC is not required to honor your request for restrictions, except if (a) the disclosure is for purposes of carrying out payment or health care operations and is not otherwise required by law, and (2) the protected health information pertains solely to a health care item or services for which you or any person (other than a health plan on your behalf) has paid ATC in full.

Right to Request Alternative Methods of Communication. You have the right to request that we communicate with you in a certain way or at a certain location. You must complete a specific form providing information needed to process your request. ATC's Privacy Officer is the only person who has the authority to act on such a request. We will not ask you the reason for your request, and we will accommodate all reasonable requests.

COMPLAINTS

If you believe your rights with respect to health information have been violated, you may file a complaint with the Federal Department of Health and Human Services. To file a complaint with either entity, please contact the HIPPA Privacy Officer, who will provide you with the necessary paperwork or assistance, or you may contact them in writing at the addresses below. **You will not be penalized for filing a complaint.**

**Regional V. Office for Civil Rights Department of Health and Human Service
233 N Michigan Ave, Suite 240
Chicago, IL 60601
Hotline: 800-422-7128**

You may also contact us by calling the number listed below between 9-5, Monday-Friday or write to us at:

**Alliance Total Care LLC
7255 W Appleton Ave, Suite 100
Milwaukee, WI 53216
P 414-269-9899 | F 414-269-9089
www.alliancetotalcare.com**

ATC reserves the right to change the terms of this Notice and to make the revised Notice effective with respect to all protected health information regardless of when the information was created.

EXHIBIT B

**ALLIANCE TOTAL CARE ACKNOWLEDGEMENT OF
RECEIPT OF REVISED NOTICE OF PRIVACY PRACTICES**

I acknowledge that I have received a copy of Alliance Total Care's Notice of Privacy Practices.

Signature of Patient/Patient Representative

Date

Relationship to Patient

EXHIBIT C

ALLIANCE TOTAL CARE DOCUMENTATION OF GOOD FAITH EFFORTS

Date: _____

Patient Name: _____
Last First

The patient presented on this date and was provided with a copy of Alliance Total Care's Notice of Privacy Practices. A good faith effort was made to obtain from the patient (or the patient's representative) a written acknowledgement of his/her receipt of the Notice. However, such acknowledgement was not obtained because:

- Patient/patient representative refused to sign.
- Patient/patient representative was unable to sign because:

- Patient had a medical emergency, and an attempt to obtain the acknowledgement will be made at the next available opportunity.
- Other reason (describe below):

Signature of Patient/Patient Representative: _____

Original to be maintained in Patient's permanent medical records.