

ELITE CARE AT THE HOME, INC.

NOTICE OF PRIVACY PRACTICES EFFECTIVE May 12, 2010

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.

Elite Care at Home, Inc. (Agency) is committed to maintaining the confidentiality of all information it receives. The purpose of this notice is to inform you of how Agency may use and disclose Protected Health Information (PHI). Agency is required by law to maintain the privacy of PHI and to provide all individuals served with notice of Agency's legal duties and privacy practices with respect to PHI. Agency will abide by the terms set forth in this Notice.

HOW WE USE OR DISCLOSE YOUR MEDICAL INFORMATION- Without separate authorization

- 1. Treatment** – Agency will use medical information about you to provide you with home care services and treatment. For example, information may be shared with members of our staff, your doctors, or health care facilities.
- 2. Payment** – Agency is normally required to disclose your medical information to: obtain prior approval from an insurer before providing services to you; bill and collect payment for services we provided you.
- 3. Health Care Operations** – Agency may use or disclose your medical information for quality improvement, staff evaluation, or other operational purposes. Your name and address may be used to send out satisfaction surveys, or we may call you to remind you that our staff will be visiting you. We have business associates such as accountants, consultants and attorneys that provide some services for us. We have a written contract with them that requires them to protect the privacy of your medical information. Government surveyors may also have access to your medical information when they are evaluating the quality of our services.
- 4. Health Related Benefits, Services and Treatment Alternatives** – Agency may use and disclose medical information about you to contact you about other health related benefits, services or treatments that may be available to you. If you do not want to receive these communications, please notify Our Designee in writing.
- 5. Individuals Involved in Your Care** – Agency may disclose medical information about you to a family member, other relative, close friend or any other person identified by you if they are involved in your care or payments related to your care. We may disclose medical information about you if they need to be notified of your location, general condition or death. Please advise us if there is someone living in your home, a close friend or a caregiver that you do not want us to share information with, or if you do not want us to leave any messages on your telephone answering machine.
- 6. Uses or Disclosures That Are Required or Permitted by Law**
Agency may use or disclose medical information about you as necessary as required by law and for the following reasons: Disaster relief efforts; public health activities to report, prevent or control diseases; research under certain limited circumstances; reporting of abuse, neglect or domestic violence; health oversight agencies, to Food and Drug Administration to monitor drugs/devices; to the police or law enforcement officials as required by law or in compliance with a court order or other process authorized by law, to units of the government with special functions, such as the U.S. Military or the U.S. Dept. of State, and to prevent a threat to public health or safety, funeral directors, coroners and medical examiners; organ donation; Workers' Compensation to provide benefits for work-related injuries or illnesses.

USES OR DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

Other uses and disclosures will be made only with your written authorization, which you may cancel at any time by notifying Our Designee in writing of your desire to cancel it. Examples of this type of disclosure would include: Drug companies request for your information for marketing purposes, or an attorney requesting your medical information for use in a civil law suit.

YOUR RIGHTS

The information contained in your health or medical record is the physical property of Agency. The information in it belongs to you. You have the following rights:

1. Right to Request Restrictions - You have the right to ask us not to use/disclose your medical information for a particular reason related to treatment, payment or our operations. You have the right to withhold information on services you pay for from your insurance company. You may ask that family members or other individuals not be informed of specific medical information. Requests must be made in writing to Our Designee. We do not have to agree to your request. If we agree to your request, we must keep the agreement, except in the case of a medical emergency. Either you or Agency can stop a restriction at any time.

2. Right to Receive Confidential Communications - You have the right to ask that we communicate with you in a certain manner or at a certain place. A request for confidential communications must be made in writing to Our Designee. We must agree with the request if it is reasonable.

3. Right to Inspect and Copy Your Medical Information - You have the right to request, inspect, and obtain a copy of your medical information. You must submit a request in writing to Our Designee. We may charge a fee for the costs of copying, summarizing and/or mailing information to you. If we agree to your request, we will tell you. We may deny your request under certain limited circumstances, and we will let you know in writing, if your request is denied. You may be able to request a review of our denial.

4. Right to Request Amendments to Your Medical Information - You have the right to request that we correct your medical information. You must submit your request for an amendment in writing to Our Designee, if you believe that any medical information in your record is incorrect or that important information is missing. We do not have to agree to your request. If we deny your request, we will tell you why. You have the right to submit a statement disagreeing with our decision. We may deny a request if we determine that the information: 1. Was not created by us, 2. Is not part of the medical information that we maintain, 3. Is in records that you are not allowed to inspect and copy, and 4. Current medical information is already accurate and complete.

5. Right To An Accounting of Disclosures of Health Information - You have a right to find out what disclosures of your PHI have been made by the Agency/Business Associates. The list of disclosures - an accounting, may be made for up to three (3) years prior to the date on which you request the accounting, but can not include disclosures before April 14, 2003. We are not required to include disclosures for treatment, payment or healthcare operations or certain other exceptions. You are entitled to one free accounting in any twelve (12) month period and must submit a written request to Our Designee. We may charge you for the cost of providing additional accountings. We will notify you in advance if there is an additional charge.

6. Right To Obtain a Copy of the Notice - You have the right to request and get a paper copy of this notice. Agency reserves the right to change its privacy practices at any time, and any such change shall apply to all PHI Agency maintains, including information created or received by Agency prior to issuing a new Notice. If Agency materially changes its privacy practices, this Notice shall be amended and disseminated to all clients.

7. Right to Notification of a Breach of unsecure data within 60 days following discovery by the Agency.

8. Right to Withhold information from insurance company for services paid for out of pocket.

Questions/Complaints – If you believe that your privacy rights have been violated, you may contact Respite Care/Care in the Home, Inc. directly or the Secretary of the U.S. Department of Health and Human Services. You will not be retaliated against for reporting a violation of your privacy rights. If you have any questions, want more information, or wish to file a complaint with us, please contact by phone, or by mail:

Administrator - HealthCare Privacy Officer

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