PROVIDER NOTICE OF PRIVACY PRACTICES

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

We understand that medical information about you and your health is personal. We are committed to protecting your medical information. We create a record of the care and services you receive at the Agency. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the Agency, whether made by Agency personnel or your personal physician. Your physician may have different polices or notices regarding the physician's use and disclosure of your medical information created in the physician's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

KEYS ISSSUES

Use and Disclosures: We use health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Continuity of care as part of records may be shared with other providers to whom you are referred. Information may be shared by paper mail, electronic mail, fax, or other methods. We may use or disclose identifiable health information about you without your authorization before using or disclosing and identifiable health information about you.

Your Rights: In most cases, you have the right to look at or get a copy of health information about you. If you request copies, we will charge you only normal photocopy fees. You also have the right to receive a list of certain types of disclosures of your information that we have made. If you believe that information in your record is incorrect, you have the right to request that we correct the existing information. The Agency will produce approved requested information within 30 days of receipt of written request.

Our Legal Duties: We are required by law to protect the privacy of your information, provide the notice about our information practices, and follow the information.

Complaints: If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed below. You also may send a written complaint to the U.S. Department of Health and Human Services. The Person listed below can provide you with the appropriate address upon request.

If you have any questions or complaints, please contact:

Company Representative:	**Rebecca Emery, Privacy Officer**
Address:	**6243 IH-10 West, Suite 375**
	San Antonio, TX 78201
Phone:	**(210) 798-0123 ext. 2021**

FUTHER DETAILS

1. Use and disclosures of Protected Health Information

Following are examples of all types of uses and disclosures of your protected health care information that the provider is permitted to make. These examples are not meant to be exhaustive, but to describe types of uses and disclosures.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Payment: Your protected health information will be used, as needed, in activities related to obtaining payment for your health care services. For example, obtaining approval for additional nursing visits may require that your relevant protected health information be disclosed to your health insurance company to obtain approval for the additional visits.

Healthcare Operations: We may use or disclose, as needed, your protected health information in order to support our business activities. For example, when we review employee performance, we may need to look at what an employee has documented in your medical record.

Business Associates: We will share your protected health information with third party business associates that perform various activities (e.g., billing, transcription services, consulting). Whenever an arrangement between a business associate and us involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your health information.

WITHOUT OPPROTUNITY TO OBJECT

We may use or disclose your protected health information in the following situations without your authorization or opportunity to object:

Public Health: For public health purposes to public health authority or the person who is at risk of contracting or spreading your disease.

Healthcare Oversight: To a healthcare oversight agency for activities authorized by law, such as audits, investigations, and inspections.

Abuse or neglect: To an appropriate authority to report child abuse or neglect, if we believe that you have been a victim of abuse, neglect, or domestic violence.

Food and Drug Administration: As required by the Food and Drug Administration to track products.

Legal Proceedings: In the course of legal proceedings.

Law Enforcement: For law enforcement purposes, such as pertaining to victims of a crime or to prevent a crime.

Coroners, Funeral Directors, and Organ Donations: For the coroner, medical examiner, or funeral director to perform duties authorized by law and organ donation purpose.

Research: To research when their research has been approved by an Institutional Review Board.

Soldiers and National Security: To military supervisors of armed forces personnel or to custodians of inmates, as necessary. Preserving national security may also necessitate sharing protected health information.

Workers' Compensation: To comply with Workers' Compensation laws.

Compliance: To the Department of Health and Human Services to investigate our compliance.

Protective Services for the President and Others: We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Inmates: If you are an inmate of correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional intuition or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

In general, we may use or disclose your protected health information as required by law and limited to relevant requirements of the law.

2. Your rights

You have the right to:

Inspect and copy your protected health information. You have the right to inspect and copy Medical information that may be used to make decision about your care. This includes medical and billing records. However, we may refuse to provide access to certain psychotherapy notes or information for a civil or criminal proceeding.

Request a restriction of your protected health information. You may ask us not to use or disclose certain parts of your protected health information for treatment, payment or healthcare operation. You may also request that information not be disclosed to family members or friends who may be involved in your care. Your request must state the specific restriction to apply. We are not required to agree to a restriction that you may request, but if we do agree, then we must behave accordingly. To request restrictions, you must make your request in writing and include (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Request to receive confidential communication from us by alternative means or at an alternative location: We will accommodate reasonable requests. We may also condition this accommodation by asking you for the information as to how payment will be handled or specification of an alternative address or other method of contact. For example you can ask that we only contact you at work or by mail.

Ask your provider to amend your protected health information. You may request an amendment of protected health information about you. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Agency.

Receive an accounting of certain disclosures we may have made: This right applies to disclosures for purposes other than treatment, payment or healthcare operations. It excludes disclosures we may have made to you, a facility directory, family member(s) or friend(s) involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures. The right to receive this information is subject to certain exceptions, restrictions and limitations. Your written request must state a time period, which may not be longer than six years and may not include dates before April 14, 2013. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the cost involved and you may choose to withdraw or modify your request at that time, before any costs are incurred.

Obtain a paper copy of this notice from us: Upon request, even if you have agreed to accept this notice electronically.

To request an amendment, restrictions, and accounting of disclosures, confidential communication or to obtain a paper copy of this notice at any time, forward a written request to:

Company representative:	**Rebecca Emery, Privacy Officer**
	Lifespan Home Health
Address:	**6243 IH-10 West, Suite 375**
	San Antonio, TX 78201
Phone/Fax:	**(210) 798-0123 ext. 2021/ (210) 785-6683**

OTHER USE OF MEDICAL INFORMATION: Other uses and disclosures of medical information not covered by this notice or the laws that apply to the Agency will only be disclosed with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. It is important to understand that we are unable to take back any disclosure we have already made with your permission and that we are required to retain the original records that were provided to the Agency.