

MY CHOICE FAMILY CARE NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW YOUR PROTECTED HEALTH INFORMATION
MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS
INFORMATION.
PLEASE REVIEW IT CAREFULLY.**

I. Who We Are

This Notice describes the privacy practices of the My Choice Family Care, which includes the care managers, nurses, supervisors and administrative and financial personnel. It applies to services furnished to you by the My Choice Family Care.

II. Our Privacy Obligations

My Choice Family Care is required by law to maintain the privacy of your health information, also referred to as “Protected Health Information” or “PHI.” When we use or disclose your Protected Health Information, we are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure). If My Choice Family Care revises the terms of this Notice, we will post a revised notice at our offices, on our website (www.MyChoiceFamilyCare.com) and will make paper copies of this Notice available upon request.

III. Permissible Uses and Disclosures Without Your Written Authorization

In certain situations, which we will describe in Section IV below, we must obtain your written authorization in order to use and/or disclose your PHI. However, we may use and disclose your health information to appropriate persons, authorities, and agencies as allowed by state and federal laws, without your written permission for the following purposes:

A. Uses and Disclosures For Treatment, Payment and Health Care Operations. We may use and disclose PHI in order to treat you, obtain payment for services provided to you, and to conduct our “health care operations” as detailed below:

- Treatment. We use and disclose your PHI to provide treatment and other services to you. For example: to assess your need for personal care or to arrange for a service provider. In addition, we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also disclose PHI to other providers involved in your treatment.
- Payment. We may use and disclose your PHI to obtain payment for services that we provided to you. For example: we may make disclosures to claim and obtain payment from your health insurer, HMO, or other company that arranges or pays the cost of some or all of your health care (“Your Payor”) to verify that Your Payor will pay for health care.
- Health Care Operations. We may use and disclose your PHI for our health care operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care that we deliver to you. For example: we may use PHI to evaluate the quality and competence of our care management teams. Or, we may disclose PHI to our Member Relations Coordinator or Quality Improvement Coordinator in order to resolve any complaints you may have with the My Choice Family Care.

We may also disclose PHI to your other health care providers when such PHI is required for them to treat you, receive payment for services they render to you, or conduct certain health care operations, such as quality assessment and improvement activities, reviewing the quality and competence of health care professionals, or for health care fraud and abuse detection or compliance.

B. Disclosure to Those Involved in Your Care or Payment of Your Care. Unless you tell us otherwise, we may use or disclose your PHI to a family member, other relative, a close personal friend or any other person identified by you when you are present for, or otherwise available prior to the disclosure, if we (1) obtain your agreement; (2) provide you with the opportunity to object to the disclosure and you do not object; or (3) reasonably infer that you do not object to the disclosure.

If you are not present, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interests. If we disclose information to a family member, other relative or a close personal friend, we would disclose only information that we believe is directly relevant to the person's involvement with your health care or payment related to your health care. We may also disclose your PHI in order to notify (or assist in notifying) such persons as well as organizations that are authorized to handle disaster relief efforts, of your location, general condition, or death.

C. Public Health Activities. We may disclose your PHI for public health activities. This includes, but is not limited to: (1) reporting health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) reporting information about products and services under the jurisdiction of the U.S. Food and Drug Administration; (3) alerting a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.

D. Victims of Abuse, Neglect or Domestic Violence. If we reasonably believe you are a victim of abuse, neglect or domestic violence, and we believe it is in your best interests or we are required by law to do so, we may disclose your PHI to a governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence. This means that if we suspect that you are a victim of abuse, neglect or domestic violence we may disclose your PHI to Milwaukee County Department on Aging's Elder Abuse Unit, or Milwaukee County Adult Services the protective service agencies authorized by law to receive reports of such abuse and neglect.

E. Health Oversight Activities. We may disclose your PHI to a health oversight agency that oversees the health care system and is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare or Medicaid.

F. Judicial and Administrative Proceedings. We may disclose your PHI in the course of a judicial or administrative proceeding in response to a court order. Under most circumstances when the request is made through a subpoena, a discovery request or involves another type of administrative order, your authorization will be obtained before disclosure is permitted.

G. Law Enforcement Officials. We may disclose your PHI to the police or other law enforcement officials as required or permitted by law and pursuant to State law in compliance with a court order or a grand jury or administrative subpoena.

H. Decedents. We may disclose your PHI to a coroner, funeral director, or medical examiner as authorized by law.

I. Research. We may use or disclose your PHI without your consent or authorization if the organization has satisfied certain aspects of privacy protection and/or if My Choice Family Care Ethics Committee approves a waiver of authorization for disclosure.

J. Health or Safety. We may use or disclose your PHI to prevent or lessen a serious and imminent threat to yourself or another person's or the public's health or safety.

K. Specialized Government Functions. We may use and disclose your PHI to units of the government with special functions, including, but not limited to the U.S. military, or the U.S. Department of State under certain circumstances. We may also disclose information about you in order to comply with laws related to worker's compensation or similar programs.

L. As required by law. We may use and disclose your PHI when required to do so by any other law not already referred to in the preceding categories.

IV. Uses and Disclosures Requiring Your Written Authorization

A. Use or Disclosure with Your Authorization.

For any purpose other than the ones described above in Section III, we only may use or disclose your PHI when you grant us your written authorization on our authorization form. For instance, you will need to execute an authorization form before we can send your PHI to your life insurance company or to the attorney representing the other party in litigation in which you are involved.

Additional uses and disclosures that require your written authorization:

1. For marketing purposes
2. Those that constitute the sale of protected health information
3. Most uses and disclosures of psychotherapy notes.
4. Any uses and disclosures not described in this Notice will require your written authorization.

B. Other restrictions:

There are additional federal and state statutes/laws that may have more restrictive requirements than HIPAA on how we use and disclose your PHI. If there are requirements more restrictive than listed above, even for some of the purposes listed above, we may not disclose your information without your written permission as required by such laws. For example, we may be required by law to obtain your permission to use and disclose your information related to treatment to mental illness, developmental disability or alcohol or drug abuse.

V. Your Rights Regarding Your Protected Health Information

A. For Further Information; Complaints. If you desire further information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to your PHI, you may contact our Privacy Office. You may also file written complaints with the Director of the Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, the Privacy Office will provide you with the correct address for the Director. We will not retaliate against you if you file a complaint with us or with the Office for Civil Rights of the U.S. Department of Health and Human Services.

B. Right to Request Additional Restrictions. You have the right to request restrictions on how your health information is used or to whom your information is disclosed. While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction. If you wish to request additional restrictions, please obtain a request form from our Privacy Office and submit the completed form to the Privacy Office. We will send you a written response.

C. Right to Receive Confidential Communications. You may request, and we will accommodate, any reasonable written request from you to receive your PHI by alternative means of communication or at alternative locations. If you wish to request an alternative means of communication, please obtain a request form from our Privacy Office and submit the completed form to the Privacy Office.

D. Right to Revoke Your Authorization. You may revoke any written authorization obtained in connection with your personal health information or your Highly Confidential Information. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though we will be unable to take back any disclosures we have already made with your permission. If you wish to revoke a written authorization, a form of Written Revocation is available upon request from the Privacy Office.

E. Right to Inspect and Copy Your Health Information. You may request access to your medical record file and billing records maintained by us in order to inspect and request copies of the records. Under limited circumstances, we may deny you access to a portion of your records. If you desire access to your records, please obtain a record request form from the Privacy Office and submit the completed form to the Privacy Office. If you request copies, we may charge you \$0.15 for each page. We may also charge you for our postage costs, if you request that we mail the copies to you.

F. Right to Amend Your Records. You have the right to request that we amend Protected Health Information maintained in our medical record file or billing records. If you desire to amend your records, please obtain an amendment request form from the Privacy Office and submit the completed form to the Privacy Office. We will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply.

G. Right to Receive An Accounting of Disclosures. Upon request, you may obtain an accounting of certain disclosures of your PHI made by us during any period of time prior to the date of your request provided such period does not exceed six years and does not apply to

disclosures that occurred prior to April 14, 2003. If you request an accounting more than once during a twelve (12) month period, we will charge you \$0.15 per page of the accounting statement.

H. Right to Receive Paper Copy of this Notice. Upon request, you may obtain a paper copy of this Notice, even if you have agreed to receive such notice electronically.

I. Breach Notice. You have the right to be notified in the event of a breach of your unsecured Protected Health Information.

J. Fundraising. You have the right to opt out of any fundraising communications.

VI. Effective Date and Duration of This Notice

A. Effective Date. This Notice is effective on July 1, 2015.

B. Right to Change Terms of this Notice. We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all Protected Health Information that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the new notice in waiting areas around My Choice Family Care and on our Internet site at *www.MyChoiceFamilyCare.com*. You also may obtain any new notice by contacting the Privacy Office.

VII. Privacy Office

You may contact the Privacy Office at:

Privacy Officer

My Choice Family Care

901 N. 9th St, Suite 307C

Milwaukee, WI, 53233

Telephone Number: (414) 287-7612

E-mail: Kevin.Collins@mychoicefamilycare.com