Privacy Policy.

GRIFFIN HOME HEALTH CARE, INC.

Notice of Information Practices
Effective Date: 9/19/13

Purpose:
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.

Griffin Home Health Care, Inc. is required by law to maintain the privacy of Protected Health Information (PHI), to provide individuals with this notice of its legal duties and privacy practices with respect to PHI, and to notify affected individuals following a breach of unsecured PHI.

Griffin Home Health Care, Inc. believes that the information we gather about you is of a very private nature and we are dedicated to keeping this information confidential. The records we create in providing you care will be kept confidential. We are also required to inform you of our policies concerning this area and your rights under federal law.

Griffin Home Health Care, Inc. reserves the right to update our Privacy Notice. Any personal health information will always be maintained by our most updated policies described in our current Privacy Notice and we must follow the privacy procedures described in this Notice. Griffin Home Health Care, Inc. the right to change its privacy procedures described in this Notice at any time. A current copy of our Privacy Notice is permanently displayed 4241 Missouri Road. If you have any comments or questions about our Privacy Notice you may call Lindsey Fells at 704 347 1935 / 855 315 4442

Privacy Policy
The following describe the manner in which we will use and disclose your personal health information. Except for the purposes listed below, we will use and disclose your health information only with your written permission. You may revoke permission at any time by writing to our privacy officer. We also will not disclose your PHI for marketing purposes, nor will we make any disclosures that constitute a sale of your PHI. We will disclose health information relevant to public health purposes, as required by law.

Services: We may collect and share appropriate information about you to document the medical necessity of the services we provide. Examples include physician orders, assessments and billing. We may also share information about you to ensure the quality of the services we provide.

Treatment: We may share appropriate information about you to bill and collect payment for the health care we provide, including sharing with family members or other responsible parties of which you have given permission. Examples include insurance coverage and eligibility verification. We may also release appropriate information about you to family or friends that are helping you with responsibilities associated with your care, as permitted by law, unless you object in writing, or in the event of your death.

Business Operations: We may use and disclose information to monitor and operate our business. Examples include evaluating services, health care outcomes and utilization purposes, accreditation bodies, auditors (for example legal firms), or to counsel you of opportunities, as permitted by law.

Legal requirements: We may use and disclose information about you to respond to a court or legal authorities' body that legally requests information about you. Examples include proceedings, subpoenas for legal participation or lawsuits, or in response to your personal health information.

Workers' Compensation: We may release health information for workers' compensation or similar programs.

Business Associates: We may disclose PHI information to our business associates that perform functions on our behalf or provide us services if the information is necessary for such functions or services. For example, we may use a billing company to process billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Public health: We may disclose your health information to public health or legal authorities responsible for preventing or controlling disease, injury or disability.

Data breach notification: We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your health information.

Your Rights:
Inspect and copy: You have a right to inspect and copy health information that may be used to make decisions about your care or payment for your care. This includes medical and billing records. To inspect and copy this health information, you must make your request, in writing, to our Privacy Officer. We will charge a fee for the cost of copying, mailing or other supplies associated with your request. We may charge you a fee if you would like information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the decision reviewed by a licensed health care professional chosen by us. We will comply with the outcome of the review.

Electronic Copy of Electronic Medical Records: If your PHI is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your PHI in the form or format you request, if it is readily producible in such form or format. If the PHI is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Request restrictions: You have the right to request a restriction or limitation of any of your protected health information.

Confidential communications: We will accommodate reasonable requests.

Amendment: If you feel that Griffin Home Health Care, Inc. has incorrect or incomplete information, you may ask us to amend the information. You have the right to request an amendment for as long as we keep the information. For example, we may deny your request if the information was not created by us, is not part of the information kept by our office. To request an amendment, your request must be made in writing and submitted to Privacy Officer. You must provide us with a reason that supports your request.

Accounting of disclosures: You have the right to request a list of certain disclosures we make of health information for purposes other than treatment, payment or health care operations and for which you provided authorization. To request an accounting of disclosures, you must make your request, in writing, to Privacy Officer. You must provide us with a reason that supports your request.

Restrictions: You have the right to request a restriction or limitation on the health information we use or disclose for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not disclose information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to Privacy Officer. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. With this in mind please discuss any restriction you wish to request with us before you begin any treatment. Any agreement we may make to a restriction must be in writing and signed by a person authorized to make such a restriction on our behalf. We will not honor restrictions that we believe are not in your best interest. We will maintain these restrictions until you notify us of the termination in writing and we agree to the termination or we notify you that we are terminating the restriction with regard to PHI created after we inform you of the termination.

Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to Privacy Officer. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Paper Copy of This Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

Complaints:
If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact Lindsey Fells. All complaints must be made in writing. You will not be penalized for filing a complaint. Complaints may be filed with us at the address below:

Mrs. Lindsey Fells
4241 Missouri Road
Charlotte NC 28205 7709
704 347 1935

I acknowledge receipt of this Notice of Information Practices

Patient Signature (or Patient Representative)

Date