

NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE 4-01-04

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

WHO WILL FOLLOW THIS NOTICE

This notice describes Cardiovascular Home Care, Inc. practices and that of:

- Any health care professional authorized to enter information into your patient chart,
- Any member of a volunteer group we allow to help you.
- All employees, staff and other personnel,

OUR PLEDGE REGARDING HEALTH INFORMATION

We understand that health information about you and your health is personal. We are committed to protecting health information about you.

We create a record of the care and services you receive at the Cardiovascular Home Care, Inc. 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 Cardiovascular Home Care, Inc. whether made by office personnel or your personal doctor. Other health care services you access through a health plan or other coverage may have different policies or notices regarding the use and disclosure of your health information created in the doctor's office, hospital or clinic.

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

We are required by law to:

- Make sure that health information that identifies you is kept private,
- Give you this notice of our legal duties and privacy practices with respect to health information about you,
- Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment.

We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, medical students, or hospital personnel who are involved in taking care of you here or at another medical facility. For example, a doctor treating you for an injury may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to share this information with another physician for purposes of a consultation or a referral to a specialist. We also may disclose health information about you to people outside the doctor's office in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose health information about you to people outside the practice who may be involved in your medical care after you leave the facility, such as family members you have identified as involved in your care or payment for such care.

For Payment.

We may use and disclose health information about you so that the treatment and services you receive at the doctor's office may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about care we provide in your home so your health plan will reimburse. We may also tell your health plan about treatment you are

going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations.

We may use and disclose health information about you for company operations. These uses and disclosures are necessary to run the company and make sure that all of our patients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information from other facilities to decide what additional services we should offer, what services are not needed and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. We may also combine the health information we have with health information from other medical groups to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of health information so others may use it to study health care and health care delivery without learning who the specific patients are.

Appointment Reminders.

We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or medical care from Cardiovascular Home Care, Inc.

Treatment Alternatives.

We may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services.

We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you.

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Individuals Involved in Your Care or Payment for Your Care.

We may release health information about you to a friend or family member who you have identified is involved in your care. We may also tell your family or friends when you received services and your last known condition. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Research.

Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process by an Institutional Review Board or a privacy board. This process evaluates a proposed research project and its use of health information, trying to balance the research needs with patients' need for privacy of their health information. Before we use or disclose health information for research, the project will have been approved through this research approval process, but we may, however, disclose health information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the health information they review does not leave the premises. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at Cardiovascular Home Care, Inc.

As Required By Law.

We will disclose health information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety.

We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS

Organ and Tissue Donation.

If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans.

If you are a member of the armed forces, we may release health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation.

We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks.

We may disclose health information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability
- To report births and deaths
- To report child abuse or neglect
- To report reactions to medications or problems with products
- To notify people of recalls of products they may be using
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition

- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law

Health Oversight Activities.

We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example:

- Audits
- Investigations
- Inspections
- Licensure.

These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes.

If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement.

We may release health information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process
- To identify or locate a suspect, fugitive, material witness, or missing person
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement
- About a death we believe may be the result of criminal conduct
- About criminal conduct on the premises
- In emergency circumstances to report a crime; the location of the crime or victims, or the identity, description or location of the person who committed the crime.

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Coroners, Medical Examiners and Funeral Directors.

We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person, or determine the cause of death. We may also release health information about patients to funeral directors, as necessary, to carry out their duties.

National Security and Intelligence Activities.

We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others.

We may disclose health 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 a correction institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. This release would be necessary:

- For the institution to provide you with health care;
- To protect your health and safety or the health and safety of others;
- Law enforcement purposes on the premises of the correctional institution; and
- The administration and maintenance of the safety, security and order of the correctional institution.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU.

You have the following rights regarding health information we maintain about you:

Right to Inspect and Copy.

You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes medical

and billing records, but does not include psychotherapy notes.

To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer of Cardiovascular Home Care, Inc. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional chosen by Cardiovascular Home Care, Inc. will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend.

If you feel that health 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 Cardiovascular Home Care, Inc.

To request an amendment, your request must be made in writing and submitted to the Privacy Officer of Cardiovascular Home Care, Inc. In addition, you must provide a reason that supports your request.

We have the right to deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment,
- Is not part of the information which you would be permitted to inspect and copy,
- Is accurate and complete.

Right to an Accounting of Disclosures.

You have the right to request an "accounting of disclosures". This is a list of the disclosures we made of health information about you (outside of treatment, payment and health care operations).

To request this accounting of disclosures, you must submit your request in writing to the Privacy Officer of Cardiovascular Home Care, Inc. We will provide an accounting for a time period up to six years preceding the date of the request, except for periods prior to April 14, 2003. Reports can be delivered to you by email or by mail. The first accounting you request within a 12-month period will be free. For additional accountings, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions.

You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had.

We are not required to agree to your request for a restriction.

If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the Privacy Officer of Cardiovascular Home Care, Inc. See address below. The following information must be included in the request:

- What information you want to limit,
- Whether you want to limit our use, disclosure or both,
- Who whom you want the limits to apply (i.e. disclosures to your spouse).

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Right to Request 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 at work or by mail.

To request confidential communications, you must make your request in writing to the Privacy Officer of Cardiovascular Home Care, Inc. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a 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.

You may obtain a copy of this notice at our website, **www.cardiachomecare.com**.

A paper copy of this notice is included in your admission packet. You may also pick one up from our office, print a copy from our website, or call our office and ask for a copy to be faxed or mailed.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our office. The notice will contain on the first page, in the top right-hand corner, the effective date. We will also post a copy of the current notice on our website, **www.cardiachomecare.com**.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact the Privacy Officer of Cardiovascular Home Care, Inc. (see address and telephone number below). All complaints must be submitted in writing. You will not be penalized or retaliated against for filing a complaint.

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health 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 health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

CONTACT INFORMATION

If you have any questions or would like further information on our privacy practices and your rights, or to submit a complaint regarding our privacy practices, please contact the Privacy Officer at 817-847-8888.

Requests for information and complaints can also be submitted in writing to the following address:

**Privacy Officer
Cardiovascular Home Care, Inc.
2501 Parkview Dr. Ste #303
Fort Worth, TX 76102**