

CareLinc Pledge Regarding Protected Health Information (PHI)- CareLinc understands that health information about you is personal. We are committed to protecting Personal Health Information (PHI) about you. We need this information to provide you with quality care and comply with certain legal requirements. This notice applies to all of the records about you generated by CareLinc. We will not use or disclose your PHI without your consent or authorization except as provided by law or otherwise described in this notice. We are required by law to accommodate reasonable requests you may have to communicate PHI by alternative means or at alternative locations and will notify you if we are unable to agree to a requested restriction. CareLinc reserves the right to make changes to this notice and to our privacy policies from time to time. Changes adopted will apply to any PHI we maintain about you. CareLinc is required to provide this notice and abide by the terms of our notice currently in effect. When changes are made, we will update this notice and post the information on the CareLinc website at www.carelinccom.com. Please review this site periodically to ensure that you are aware of any such updates.

Your Protected Health Information (PHI) Rights- Although your health record is the physical property of CareLinc, the PHI contained in the record belongs to you. You have the right to:

Inspect and Copy. You have the right to inspect and obtain a copy of your PHI maintained in a designated record set. Requests must be made in writing. This right is subject to certain limited exceptions under HIPAA. If we deny your request, we will provide you with a written explanation, and, where required by law, you may have the denial reviewed. We may charge a reasonable, cost-based fee for copying, mailing, or other supplies associated with your request.

Amend You have the right to request to amend your PHI. Such a request must be made in writing.

An Accounting of Disclosures You have the right to request an accounting of uses and disclosures of your PHI. An accounting does not include disclosures associated with treatment, payment, and health care operations, disclosures made pursuant to an authorization, disclosures required by law, incidental disclosures, or some other disclosures. This request must be in writing and pertain to a specific time frame of less than six (6) months. We will act upon the request for an accounting no later than 60 days after receipt of your written request, but may extend this time frame an additional 30 days under certain circumstances. You may have one accounting per year free of charge, but will be charged a reasonable fee for any additional accountings.

Right to Request Restrictions of Uses and Disclosures You have the right to request a restriction of the PHI we use or disclose about you however, we may refuse to accept the restriction, unless the requested restriction involves a disclosure that is not required by law to a health plan for payment or health care operation purposes and not for treatment, and you have paid for the service in full, out-of-pocket. You also have the right to request a limit on the PHI we disclose to someone who is involved in your care or the payment for such care.

If we do agree with your request, we will comply unless the information is needed to provide you emergency treatment. Such a request must be made in writing.

Request Confidential Communications You have the right to request communications of your PHI by alternative means or at alternative locations. We will accommodate reasonable requests that are submitted in written form and specify how and where you wish communication.

Revoke Your Authorization You have the right to revoke your authorization to CareLinc to use or disclose PHI about you. Your revocation will be honored to the extent that action has not already been taken and as otherwise provided by law. Revocation must be submitted in writing.

Paper Copy of This Notice The most current Notice of PHI Practices will be posted in visible areas of CareLinc. You will also receive a paper copy of the Notice of Health Information Practices and can request an additional copy if needed.

Report a Concern or File a Complaint To obtain forms or to exercise any of your rights described in this notice, you must send written request to: HIPAA Compliance Officer, CareLinc, 89 54th St. SW, Grand Rapids, MI 49548. If you have questions and would like additional information, or would like to report a concern please contact CareLinc during normal business hours, at 616-249-2273. If you believe that your privacy rights have been violated, you can file a complaint with our Compliance Officer. You may also file a complaint with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

Make a Request or Request Additional Information To make a request or obtain your medical records, please fill out this form: <https://www.carelinccom.com/release-of-records-request>

How We May Use and Disclose Health Information About You- The following categories describe different ways that we use and disclose PHI about you. Not every use or disclosure in a category will be listed:

For Treatment We may use PHI about you to plan your care and provide for medical treatment or services. We may disclose PHI to your treating physician(s), or other health care provider(s) rendering services to you. For example: information obtained by our staff will be recorded in our record. Your physician may sign orders for your care or provide other communications. This information becomes a legal document describing the care you received and is part of your health records.

For Payment We may use and disclose PHI about you so that third party payers can verify that you actually received the services billed for and to verify your benefits. We may use and disclose PHI about you so that the medical care and services you receive may be billed to and



Medical Equipment & Supply

payment may be collected from you, an insurance company or a third party. For example: the information on or accompanying the bill may include information that identifies you, as well as your diagnosis, care provided, and supplies used. In the event that payment is not made, we may also provide limited information to collection agencies, attorneys, credit reporting agencies, and other organizations as are necessary to collect payment for services rendered.

For Health Operations We may use and disclose **PHI** about you for purposes of health care operations. We may use **PHI** as a source of data for facility planning, community outreach, and to continually work to improve the care we render and the outcomes we achieve. These uses and disclosures are necessary to run the company and help make sure that all of our clients receive quality care. For example: for the purposes of quality we may use information in your health record to assess the care and outcomes in your case and others like it.

Business Associates We may disclose your **PHI** to our business associates so they may perform the job we have asked them to do. To protect your **PHI**, we will require the business associate to appropriately safeguard your information. There are some services provided at CareLinc through contracts with business associates. For example: collection agencies and medical storage companies.

Research We may disclose **PHI** to researchers when their research has been approved using established protocol to ensure the privacy of your **PHI**.

Funeral Directors We may disclose **PHI** to funeral directors consistent with applicable law to carry out their duties.

As Required By Law We will disclose **PHI** about you when required by federal, state, or local law. This includes disclosures required to the Department of Public Health, which is responsible for preventing or controlling disease, injury, or disability. It also includes disclosure for law enforcement purposes as required by law or in response to a valid subpoena.

Worker's Compensation We may release **PHI** about you to the extent authorized by, and to the extent necessary to comply with laws relating to worker's compensation.

Organ and Tissue Donation If you are an organ donor, we may release **PHI** about you to organizations that handle organ procurement or transplantations.

Health Oversight Activities We may disclose **PHI** to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and certification. These activities are necessary for the government, accreditation, and licensing bodies to monitor the health care system.

Community Resources We may use and disclose **PHI** about you to make referrals for discharge planning, or other community resources. Examples include, but are not limited to; infusion, medical equipment companies, hospice, certified home care, and nursing homes or other health related services.

De-Identified Information and Limited Data Set CareLinc may use and disclose **PHI** that has been "de-identified" by removing certain identifiers making it unlikely that you could be identified. CareLinc also may disclose limited **PHI**, contained in a "limited data set." The limited data set does not contain any information that can directly identify you. For example, a limited data set may include your city, county and zip code, but not your name or street address.

Uses or Disclosures of Your Protected Health Information (PHI) to Which You May Object - We may use or disclose your **PHI** for the following purposes, unless you ask us not to.

Individuals Involved in Your Care or Payment for Your Care Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend, or any other person you identify, **PHI** relevant to that person's involvement in your care, or payment related to your care.

Appointment Reminders We may use and disclose **PHI** to contact you at your home, office, or other location that you have designated to provide a reminder that you have an appointment, or other services provided by CareLinc.

Informing You About Treatment Alternatives or other health-related benefits/services that may be of interest to you.

Assistance in Disaster Relief Efforts

Non-Described Purposes - For purposes not described above, including uses and disclosures of **PHI** for marketing purposes and disclosures that would constitute a sale of **PHI**, CareLinc will ask for your written authorization before using or disclosing your **PHI**. If you signed an authorization form, you may revoke it, in writing, at any time, except to the extent that action has been taken in reliance on the authorization. Other uses and disclosures of **PHI** not covered by this notice will be made only with your written permission.

Breach Notice - CareLinc is required to provide patient notification if it discovers a breach of unsecured **PHI** unless there is a demonstration, based on a risk assessment, that there is a low probability that the **PHI** has been compromised. You will be notified without unreasonable delay and no later than 60 days after discovery of the breach. Such notification will include information about what happened and what can be done to mitigate any harm.