

Notice of Privacy Practices - HIPAA Compliance

This notice outlines how Advanced Care Home Health, LLC uses and discloses your health information in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), which protects the privacy and security of your health information. It also describes your rights under HIPAA regarding that information.

I. Uses and Disclosures

We will not share your health information without your consent, except in the following cases:

- **Treatment:** Health information is used to coordinate care among healthcare professionals.
- **Payment:** Information may be shared with insurers to approve or process payment for services.
- **Healthcare Operations:** Used for internal quality assessments and compliance purposes.
- **Emergencies:** Information may be shared to notify family or caregivers about your condition.
- **Workers' Compensation & Public Health:** Disclosures required by law for public health purposes or workers' compensation.
- **Law Enforcement:** We are required to report abuse, neglect, or threats of harm to relevant authorities.

In all other instances, we will obtain your written authorization before disclosing your information. You may revoke your authorization at any time to prevent future use or disclosure.

II. Your Rights Under HIPAA

HIPAA grants you specific rights regarding your health information:

1. **Right to Request Restrictions:** You can ask us to limit how we use or disclose your information, though we are not required to agree to all requests.
2. **Right to Confidential Communication:** You can request that we communicate with you at a location of your choosing to ensure privacy.

3. **Right to Restrict Disclosures to Health Plans:** You may restrict disclosures to health insurers if you pay for services in full out-of-pocket.
4. **Right to Access and Inspect Your Records:** You can view or obtain copies of your health records (fees may apply), including electronic formats.
5. **Right to Amend Information:** If you believe your records are incorrect or incomplete, you may request corrections or additions.
6. **Right to an Accounting of Disclosures:** You can request a report of certain disclosures of your information, excluding those made for treatment, payment, or healthcare operations.
7. **Right to a Paper Copy:** You can request a paper copy of this notice at any time.

III. Agency Duties

We are required by HIPAA to protect your health information, maintain this privacy notice, and follow its terms. We may update this notice to reflect changes in our practices, and you will be informed of any significant changes.

IV. Filing a Complaint

If you believe your privacy rights under HIPAA have been violated, you may file a complaint with our office at 805-505-9955 or with the U.S. Department of Health and Human Services at (800) 368-1019. You will not face any retaliation for filing a complaint.

V. Contact Information

For questions or concerns about your health information or privacy rights under HIPAA, please contact us at:

Advanced Care Home Health, LLC
4349 Old Santa Fe Rd., Unit G, Suite 202
San Luis Obispo, CA 93401
Phone: 805-505-9955

Fax: 805-505-9956

Email: info@advancedcare-hh.com