

CONFIDENTIALITY STATEMENT

Your health is a serious personal matter and we understand that confidentiality is of utmost importance. To ensure your complete privacy, we implemented and follow specific strict security protocols and processes.

We only use the highest level of customer and web site security features to guarantee your privacy and security. It is our policy to never allow any 3rd party access to any of your personal financial or medical information. If you have a question on our security processes or protocols please contact us immediately.

Your Test Results

You and only you receive your test results unless you direct us in writing to forward your results to a medical practitioner or an additional 3rd party. Although some positive results such as HIV are required to be reported to certain government agencies, only the minimum required information will be reported.

Your privacy is important to us and we use every care to secure your privacy rights!

HIPAA: Health Insurance Portability and Accountability Act

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

In compliance with the 1996 Congressional Act to protect the privacy of patients protected health information, we will safeguard all client/patient information and will disclose or share only minimal information necessary for the following purposes:

Treatment: Information regarding current or past health information necessary for the agency to carry out appropriate care of the clients requesting home care services which may included, but is not limited to: History and physical, progress notes, laboratory reports, x-ray results, operative reports, consultation reports, hospital discharge reports, hospital DNR, to be obtained from any clinic, hospital, skilled nursing facility, physician office or health care agency involved in the patient/client's present and future care.

Payment: Information requested by the Insurance company, necessary for the processing of claims for payment of services.

Operations: Review of medical records by any peer review organization, accrediting body, state or regulatory body for statistical or agency evaluation purposes only. Any information disclosed will be held in strict confidence and not used for any public disclosure.

If you feel that your privacy rights have been violated you may contact us and ask for the Director or Operations. The director will investigate all claims and will provide you with a written report of their findings within 10 days. If you are not satisfied with the report and corrective action taken, the Director will provide you with an appropriate state or federal organization address and or telephone numbers to file a complaint.

We will maintain a log for each patient we service which will list what information was released and for what purpose. The patient has the right to review this log upon request.

Patient Signature

Date

COMPLETE THIS DOCUMENT AND FAX BACK TO US AT 1-813-662-2814