

HEART TO HEART HOME CARE
HIPAA NOTICE OF PRIVACY PRACTICES
Effective February, 2026

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS INFORMATION CAREFULLY.

Questions may be directed to our Privacy Officer at the address or phone number listed at the bottom of this notice.

Who will follow this notice?

- Any health care professional authorized to enter information into your health record.
- All *workforce members* of our agencies.
- Any business associates of our agencies.

Our pledge regarding health information:

We understand that 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 agencies. This protection applies to all of the records of your care that we create, maintain, receive, or transmit whether created by us, another health care provider, or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your health information created in the doctor's office or other location.

We are required by law to:

1. Make sure that *protected* health information that identifies you is kept private.
2. Give you this notice of our legal duties and privacy practices with respect to *protected* health information about you;
3. *Let you know promptly if a breach occurs that may have compromised the privacy or security of your information;*
4. *Not use or share your information other than as described here unless we receive your consent in writing. You may change your mind at any time. Let us know in writing if you change your mind;* and
5. Follow the terms of the notice that is currently in effect.

Changes to this notice:

Periodically we may need to change policies related to the *protected* health information we already hold, as well as new information after the change occurs. Before we make a significant change to our policies, we will change our notice and send the new notice to all our current patients as well as give it to our new patients. The notice will be posted in the public area of our office. You may receive a copy of the current notice at any time. We will ask you to acknowledge in writing, your receipt of this notice. *Except for the purposes*

described below, we will use and disclose protected health information only with your written permission. You may revoke such permission at any time by writing to our practice Privacy Officer.

How we may use and disclose medical information about you:

We may use and disclose *protected health* information about you for **treatment or treatment-related health care services** (such as sending medical information about you in connection with discharge planning or transfer, to your doctor as to how you are responding to treatment); to obtain **payment for treatment or third party for services and treatment you received** (such as sending billing information to your insurance company); and to **support our health care operations** (such as comparing patient data to improve treatment methods and ensure the care you receive is of the highest quality).

We may use or disclose medical information about you **without** your prior authorization for several other reasons. Subject to certain requirements, we may give out protected medical information about you without prior authorization for **public health purposes, abuse or neglect reporting, health oversight audits or inspections, research studies, responses to organ or tissue donation requests, medical examiner inquiries, funeral arrangements, workers' compensation purposes, and emergencies**. We also disclose medical information **when required by federal, state or local law**, such as in response to a request from law enforcement in specific circumstances, or in response to valid judicial or administrative orders. To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

We also may contact you for **appointment reminders**, or to tell you about or recommend **possible treatment options, alternatives, or health-related benefits or services** that may be of interest to you.

We may disclose your *protected* medical information to a **family member, friend, or any other person you identify who is involved in your medical care**. *If you are unable to agree or object to such a disclosure, we may disclose your protected health information if based on our professional judgment it is in your best interest.*

Other uses of medical information

We never disclose your protected health information for marketing purposes, the sale of information, or most sharing of psychotherapy notes unless you give us written permission. In the case of fundraising, we may contact you for fundraising efforts, but you can tell us not to contact you again. If we have your substance use disorder patient records, subject to 42 CFR part 2, we will give you clear and obvious notice in advance and a choice about whether to receive fundraising communications that use your Part 2 information.

In any other situation not covered by this notice, we will ask for your written authorization before using or disclosing *protected* medical information about you. If you chose to authorize use or disclosure, you can later revoke that authorization by notifying us in writing of your decision.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have:

- **The right to inspect and request a copy of your protected health information** that may be used to make decisions about your care. This usually includes medical and billing records. *We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.* This request is to be made in writing to the privacy officer. If we deny your request to review or obtain a copy of your protected health information, you may submit a written request for an appeal of that decision.
- **The right to ask us to amend the information in your record**, if you believe that information in your record is incorrect or incomplete. Your request must be submitted in writing and provide your reason for requesting the amendment. We could deny your request to amend a record if the information was not created by us; if it is not part of the medical information maintained by us; or if we determine that the record is accurate. *You will receive notification of the denial within 60 days of the request.* You may appeal, in writing, a decision by us not to amend a record.
- **The right to request an “accounting of disclosures”**, a list of the disclosures we made of health information about you, other than for treatment, payment, health operations, and certain other disclosures (such as where you specifically authorized a disclosure). This request is to be made in writing and should include the time period desired for the accounting, *which can be up to a 6 year period prior to the date you request an accounting of disclosures.* You may request to receive the list in paper or electronic form. The first list you request within a 12 month period will be free. Additional lists will be charged a *reasonable, cost-based fee.* We will inform you of the cost before it is incurred.
- **The right to request, in writing 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. We are not legally required to accept your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or required by law. *If you pay for a service or health care item out-of-pocket in full, you can request us not to share that information for the purpose of payment or our operations with your health insurer.*

