



NOTICE OF INFORMATION PRACTICES

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

We have summarized our responsibilities and your rights on this first page. For a complete description of our information practices, please review this entire notice.

Our Responsibilities

We are required to:

- Maintain the privacy of your health information;
- Provide you with this notice of our legal duties and information practices with respect to information we collect and maintain about you; and
- Abide by the terms of this notice.

Your Rights

You have several rights with regard to your health information. Those include the right to:

- Request that we not use or disclose your health information in certain ways;
- Request to receive communications in an alternative manner or location;
- Access and obtain a copy of your health information;
- Request an amendment to your health information; and
- An accounting of disclosures of your health information.

We reserve the right to change our information practices and to make new provisions effective for all health information we maintain. Should our privacy practices change, we will provide you with a copy of those changes within one week of the changes effective date.

We will not use or disclose your health information without your authorization, except as described in this notice.

If you have questions and would like additional information, you may contact our Privacy Officer at (520) 323-0200.

Entities Covered Under This Notice

MGA Home Healthcare, L.L.C. 4400 E. Broadway Suite 414, Tucson, Arizona 85711

Understanding Your Health Record

Each time you visit a medical provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnosis, treatment and a plan for future care or treatment. This information, often referred to as your health record or medical record, serves the following purposes;

- Basis for planning your care and treatment
- Communication among health professionals involved in your care
- Legal document describing the care you received
- Proof that services billed were actually provided
- A tool to educate health professionals
- A source of data for medical research
- A source of information for public health officials who oversee the delivery of health care in the United States
- A tool to measure and improve the care we give



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Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy
- Understand who, what, where and why others may access your health information
- Make informed decisions when authorizing disclosure to others.

How We Will Use or Disclose Your Health Information

For Treatment. We will use and disclose your personal health information in providing you with treatment and services. We may disclose your personal health information to personnel who may be involved in your care, such as physicians, nurses, nurse aides, physical therapists, dietary and admissions personnel. For example, a nurse caring for you will report any change in your condition to your physician. We may also disclose personal health information to individuals who may be involved in your care after you leave the provider and are no longer in our care.

For Payment. We may use and disclose your personal health information so that we can bill and receive payment for the treatment and services you receive. For billing and payment purposes, we may disclose your personal health information to your representative, an insurance or managed care company, Medicare, Medicaid or another third party payer. For example, we may contact Medicare or your health plan to confirm your coverage or to request prior approval for a proposed treatment or service.

For Health Care Operations. We may use and disclose your personal health information for our regular health operations. These uses and disclosures are necessary to manage our operations and to monitor our quality of care. For example, we may use personal health information to evaluate our services, including the performance of our staff.

Business Associates. Outside people and entities provide some services for us. Examples of these “business associates” include our accountants, consultants, and attorneys. We may disclose your health information to our business associates so that they can perform the job we’ve asked them to do. We require the business associates to safeguard your information so that it is protected.

Notification. We may use or disclose information to notify or assist in notifying a family member, personal representative or another person responsible for your care, of your location and general condition. If we are unable to reach your family member or personal representative, then we may leave a message for them at the phone number that they/you have provided us, e.g. on an answering machine.

Communication with Family. We may disclose to a family member, or other relative, close personal friend or any other person involved in your health care, health information relevant to that person’s involvement in your care or payment related to your care.

Research. We may disclose information to researchers when certain conditions have been met.

Transfer of Information at Death. We may disclose health information to funeral directors, medical examiners, and coroners to carry out these duties, consistent with applicable law.

Organ Procurement Organizations. Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs for the purpose of tissue donation and transplant.

Food and Drug Administration (FDA). We may disclose to the FDA, or to a person or entity subject to jurisdiction of the FDA, health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recall, repairs or replacement.



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Worker's Compensation. We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

Public Health. We may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Correctional Institution. Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof, health information necessary for your health and the health and safety of other individuals.

Law Enforcement. We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Reports. Federal law allows a member of our work force or a business associate to release your health information to an appropriate health oversight agency, public health authority or attorney, if the work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

Your Health Information Rights

You have the following rights regarding your personal health information:

Right to Request Restrictions. You have the right to request restrictions on our use or disclosure of your personal health information for treatment, payment or health care operations. You also have the right to restrict the personal health information we disclose about you to a family member, friend or other person who is involved in your care or the payment of your care.

We are not required to agree to your requested restriction (except that while you are competent you may restrict disclosures to family members or friends). If we do not agree to accept your requested restriction, we will comply with your request except as needed to provide you emergency treatment.

Right of Access to Personal Health Information You have the right to inspect and obtain a copy of your medical record or billing records or other written information that may be used to make decisions about your care, subject to some limited exceptions. Such records will be provided to you in the time frames established by law. We may charge a reasonable fee for our costs in copying and mailing your requested information.

We may deny your request to inspect or receive copies in certain limited circumstances. If you are denied access to personal health information, in some cases you will have the right to request a review of the denial,

Right to Request Amendments. If you believe that any health information in your record is incorrect or if you believe that important information is missing, you may request that we correct the existing information or add the missing information. Such requests must be made in writing, and must provide a reason to support the amendment.

We may deny your request for amendment in certain circumstances. If we deny your request for amendment, we will give you written denial including the reasons for the denial and the right to submit a written statement disagreeing with the denial.

Right to an Accounting of Disclosures. You have the right to request an "accounting" of our disclosures of your personal health information. This is the listing of certain disclosures of your personal health information made by us or by others on our behalf, but does not include disclosures for treatment, payment and health care operations or certain other exceptions.



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To request an accounting of disclosures, you must submit a request in writing, stating a time period beginning after April 03, 2003 that is within six years from the date of your request. An accounting will include, if requested; the disclosure date; the name of the person or entity that received the information and the address, if known; a brief description of the information disclosed; a brief statement of the purpose of the disclosure or a copy of the authorization request; or certain summary information concerning multiple similar disclosures. The first accounting provided within a 12 month period will be free; for further requests, we may charge you our costs

Right to Receive a Paper Copy of This Notice. You have the right to obtain a paper copy of this notice, even if you have agreed to receive this notice electronically. You may request a paper copy of this notice at any time.

Right to Request Confidential Communications. You have the right to request that we communicate with you concerning personal health matters in a certain manner or at a certain location. For example, you can request that we contact you only at a certain phone number. We will accommodate your reasonable requests.

Right to Revoke Authorization. You may revoke an authorization to use or disclose health information, except to the extent that action has already been taken. This request must be made in writing.

For More Information or to Report a Problem.

If you believe that your privacy rights have been violated, you may file a complaint in writing with us or with the Office of Civil Rights in the U. S. Department of Health and Human Services. To file a complaint with us, you may contact the Privacy Officer @ 602-385-8733.



RECEIPT OF NOTICE OF INFORMATION PRACTICES

PATIENT'S NAME: _____

I acknowledge receipt of MGA's Notice of Information Practices.

Name (Please Print)

Signature

Relationship to Patient

Date

To Be Completed by Provider Personnel

A good faith effort was made to obtain written acknowledgement of the Notice of Information Practices.

_____ Written acknowledgement was obtained.

_____ Written acknowledgement was not obtained. Efforts to obtain the acknowledgement and reason not obtained are described below.

Completed by:

Signature

Print Name

Date