

ECM Home Health Services, Inc. D.B.A. Family Factor

Notice of Privacy Practices PROTECTED HEALTH INFORMATION (Effective April 14, 2003)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

In accordance with the requirements of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), ECM Home Health Services, Inc. is required to inform you of its practices in relation to the protected health information ("PHI") that it maintains about you. HIPAA mandates standards that ECM must maintain in relation to your PHI. This Notice of Privacy Practices is being provided to help you understand how ECM meets these standards. It is also meant to inform you of the ways that ECM is required to or permitted by law to use the personal information it collects about you and how it may be disclosed.

Please read this Notice carefully, as ECM must ask for acknowledgement that you have read and understood it. You will find that request at the end of this Notice. ECM asks that you acknowledge receipt of this Notice by mailing back our Acknowledgement Form. If you have any questions, please do not hesitate to ask an employee of ECM for an explanation of this Notice.

UNDERSTANDING YOUR PROTECTED HEALTH INFORMATION (PHI)

When you receive care from a healthcare provider, a record of that treatment is made. This record will typically contain information on your diagnosis, treatment, and future plan of treatment and is often collectively referred to as your medical record. This medical record includes PHI and lays the foundation for determining your plan of care and treatment and allows for a successful means of communication between all healthcare professionals that contribute to your care.

HIPAA protects information found in your medical record from disclosures without your authorization. The information protected by HIPAA includes, but is not limited to:

1. Any information related to your past, present and future physical or mental health;
2. The past, present or future payment for health services you have received;
3. The specific care that you have received, are receiving or will receive;
4. Any information that identifies you as the individual receiving the care; and
5. Any information that someone could reasonably use to identify you the patient, receiving the care.

This information is referred to as protected health information (PHI) throughout this Notice.

TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS

As a Covered Entity, ECM is required to inform you of how it may use your PHI. In providing treatment to you, ECM will use your PHI for the purposes of treatment, payment and healthcare operations.

Treatment – As it pertains to ECM, treatment means providing to you medications, supplies and durable medical equipment services as ordered by your physician. Treatment also includes coordination and consultation with your physician and other healthcare providers. As ECM provides these services to you, information obtained during this process will be recorded in your medical record. ECM will use this information, in coordination with your physician, to determine the best course of treatment for you.

Payment – Payment purposes consist of activities required to obtain reimbursement from your insurance carrier for the services ordered by your physician and provided to you by ECM. This includes, but is not limited to, eligibility determination, pre-certification, billing and collection activities, obtaining documentation required by your insurer, and when applicable, disclosing limited information to consumer reporting agencies.

Healthcare Operations – Operations can include, but are not limited to, review of your PHI by members of ECM's professional healthcare staff to ensure compliance with all federal and state regulations. This information will then be utilized to continually improve the quality and effectiveness of the services provided to you by ECM. Healthcare operations also include ECM's business management and general administrative activities.

OTHER USES AND DISCLOSURES

In order to release information contained in your medical record for purposes other than treatment, payment or healthcare operations, ECM must obtain a specific authorization from you. You may revoke such authorization in writing at any time, except to the extent ECM has taken action in reliance on the authorization.

There are a limited number of other uses and disclosures of PHI that do not require a specific authorization from you. ECM may, in the following circumstances, disclose your PHI:

1. ECM may disclose limited health information about you to notify local agencies (i.e. power, gas, phone company, and emergency medical services), in the event of an emergency (i.e. flood, hurricanes, etc.), of your need for life sustaining equipment or assistance in evacuation due to your medical condition.
2. ECM may disclose to a member of your family, other relatives, or a close personal friend, or any other person identified by you, the PHI directly relevant to such person's involvement with your care or payment related to your health care.
3. ECM may disclose your PHI to others as required or permitted by law.
4. ECM may disclose your PHI for certain public health activities and purposes.
5. ECM may disclose your PHI to a legally authorized authority, such as a social services or protective services agency, if we reasonably believe you are a victim of abuse, neglect or domestic violence. ECM may also disclose your PHI if ECM believes that it is necessary to diminish a threat to anyone's health or safety.
6. ECM may disclose your PHI for law enforcement purposes and in response to court orders or subpoenas.
7. ECM may disclose your PHI to agencies authorized by law to conduct health oversight activities, including audits, investigations, licensing and similar activities.

8. ECM may disclose your PHI to attorneys, accountants, and others acting on behalf of ECM, provided they have signed written contracts agreeing to reasonably safeguard the confidentiality of the information.
9. If appropriate authorities approve the privacy protection policies of a research organization, ECM may disclose your PHI to the research organization.

YOUR RIGHTS AS A PATIENT OF ECM

In accordance with HIPAA, you have the following rights in relation to your PHI:

1. You may request, in writing, additional restrictions to the use of disclosures for your PHI; however, ECM is not required to agree to the request for restrictions.
2. You have the right to request amendments to your medical records.
3. You have the right to obtain a copy of this Notice of Privacy Practices.
4. You have the right of access to inspect and obtain a copy of your medical record, subject to certain limitations and reasonable fees for copies. ECM may deny your request (in writing) under certain limited circumstances and there are some situations in which you may appeal the decision to deny your request.
5. You have the right to obtain an accounting of disclosures of your medical record for purposes other than treatment, payment and healthcare operations.
6. You have the right to request communications of your medical record by alternative means (i.e. electronically) or at alternative locations.
7. You have the right to revoke your authorization for ECM to use or disclose your PHI except to the extent that action has already occurred or to the extent that ECM is required by law to use or disclose your information.

RESPONSIBILITIES AND PRACTICES OF ECM

In accordance with HIPAA, ECM is required to:

1. Maintain the confidentiality of your PHI. Your state laws may provide more protection than the federal laws and, in that case, we will abide by the more restrictive statute.
2. Provide you the notice of ECM's legal obligations and privacy practices regarding information it may accumulate about you and is obligated to abide by the terms of this notice.
3. Notify you if it is unable to agree to a requested restriction, and make every effort to accommodate reasonable requests for communication of health information by alternative means.
4. Post its Notice of Privacy Practices on its website at www.familyfactor.net.

Please be advised that in addition to these responsibilities, ECM reserves the right to change the terms of its Notice of Privacy Practices and make those changes applicable to all PHI maintained at that time. If there is a change to the Notice of Privacy Practices, ECM will post those changes on its website (www.familyfactor.net). If you wish to receive a paper copy of any revisions, you must contact ECM in writing with your request.

ECM will not use or disclose your PHI without your authorization, except as described in this Notice or as required by law.

ECM believes that it is important for you to have access to extremely important medical information as soon as it is available. For that reason, ECM may leave a message for you on your answering machine and ask that you return the call as soon as possible. In addition, employees of ECM sometimes need to be able to communicate quickly about your health information. For example, if you have a medical emergency, your doctor may call ECM from a cell phone. These days, conversations on cell phones are not completely secure, but they are often the fastest method of communication and ECM will utilize cell phones if necessary to efficiently communicate important information about your healthcare.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions or would like additional information about ECM's use or disclosure of your PHI, please contact ECM at the address below. If you suspect that ECM has not followed its privacy practices, or you wish to file a complaint about ECM's use or disclosure of your PHI, you may, without fear of retaliation, contact either of the following:

ECM Home Health Services, Inc.
 D.B.A. Family Factor
 7856 Westside Park Drive, Ste C.
 Mobile, AL 36695
 (251) 445-0033 or
 (877) 611-0004

The Office of Civil Rights
 U.S. Department of Health & Human Services
 200 Independence Avenue SW
 Room 509F HHH Building
 Washington D.C., 20201
 (800) 368-1019

SIGNED ACKNOWLEDGEMENT

 Patient's Signature

 Date

 Personal Representative

 Date