



Corporate Headquarters
 1055 Westgate Drive, Suite 100
 St. Paul, MN 55114
 Toll Free: 800-651-6223
 Toll Free Fax: 866-896-7171
 Web Site: www.activstyle.com

Effective: April 2003, September 2013
 Updated: September 2023

Notice of Privacy 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 THIS NOTICE CAREFULLY.

ActivStyle Holding Company and all affiliated entities (“ActivStyle”) are committed to protecting your privacy. Therefore, ActivStyle has developed policies and procedures to ensure that the information you provide to us – individually identifiable health information, including protected health information (“PHI”) is collected and maintained in a confidential manner, as required by law.

ActivStyle is providing this Notice as required by the Privacy Regulations promulgated pursuant to the Health Insurance Portability and Accountability Act (“HIPAA”), as amended by the Health Information Technology for Economic and Clinical Health Act (“HITECH”).

If you have questions or would like additional information about this Notice of Privacy Practice you may direct them to ActivStyle’s Privacy Officer at: 1-800-651-6223.

WHO WILL FOLLOW THIS NOTICE?

This Notice describes ActivStyle’s practices regarding the use of your Protected Health Information, specifically including:

- Any ActivStyle employee or representative authorized to use information about you
- All ActivStyle subsidiaries (including ActivStyle, LLC, Advocate Medical Services, Inc., All American Home Aid, Inc., Champlain Valley Brace and Limb, LLC, Home Wellness, Inc., M.A.R.Y. Medical, Inc., and Senior Care Services), departments and units of ActivStyle.

“Protected Health Information” (“PHI”) is medical information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health services. We are required by law to protect the privacy of your PHI, to provide you with this Notice of our legal duties and privacy practices with respect to your PHI, to notify you following a breach of unsecured PHI, and to abide by the terms of this Notice as currently in effect. We reserve the right to revise, amend, interpret and administer our privacy practices and this Notice.

OUR PLEDGE REGARDING YOUR PROTECTED HEALTH INFORMATION

We understand that your Protected Health Information is personal. We are committed to protecting your PHI. We create a record of the products and services you receive from ActivStyle. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of products and services provided to you by ActivStyle. Your other health care providers may have different policies or notices regarding their use and disclosure of your medical information created by them.

This Notice sets forth different reasons for which we may use and disclose your PHI. We will limit our uses and disclosures to the minimum amount of PHI necessary to achieve the intended purpose of the use or disclosure to the extent required by law.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The following categories describe different circumstances in which we use and disclose your PHI. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **Treatment.** We may use your PHI to provide you with medical treatment or services. We may disclose your PHI to doctors, nurses, home health agencies, hospital discharge planners, case managers and other medical and medical equipment providers who are involved in taking care of you. For example, a home health agency or hospital discharge planner responsible for your care may share PHI with us if the agency or planner believes that you have or are at risk for pressure ulcers (bed sores). Or, your physician or another medical service provider may share PHI with us if the physician or provider believes you may benefit from use of one of our products.

We in turn may share that information with case managers, physicians and other medical equipment providers so that the product most appropriate for your condition may be provided. We also may share information with physicians and other medical providers who are responsible for oversight of your treatment. Different departments within ActivStyle also may share your PHI in order to coordinate the products and services you may need.

- **Payment.** We may use and disclose your PHI so that the treatment and services you receive from ActivStyle may be billed to and payment may be collected from you, a hospital, a nursing home, Medicaid, Medicare, an insurance company or another third party. For example, we may need to give Medicare, Medicaid or an insurance company information about your medical condition so it will pay us or reimburse you. We also may use and disclose your PHI to determine your eligibility and/or obtain prior approval or to determine whether Medicare, Medicaid or your insurance company will cover the service or product.
- **Health Care Operations.** We may use and disclose your PHI for ActivStyle's operations. These uses and disclosures are necessary to run our business and make sure that all of our patients receive quality care. For example, we may use PHI to review our treatment and services and to evaluate the performance of our employees in providing services to you. We also may combine the PHI of many ActivStyle patients to decide what additional services or products we should offer, what services or products are not needed, and whether certain new services or products are effective. We also may disclose information to doctors, nurses, technicians, medical students, and other health care providers for review and learning purposes. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who you are.
- **Treatment Alternatives.** We may use and disclose your PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** We may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.
- **Individuals Involved in Your Care or Payment for Your Care and Notification Purposes.** We may disclose your PHI to a family member, other relative or close personal friend or any other person identified by you who is involved in your medical care or payment for your medical care, unless you object to such disclosure. If we make such disclosure, we will only provide the PHI that is directly related to such person's involvement with your health care or payment for your health care. We also may make such a disclosure after your death, unless such disclosure is contrary to your expressed preference. We may use or disclose your PHI in order to notify or assist in notifying a family member, personal representative, close personal friend, or other person responsible for your care of your location, general condition or death. In addition, we may disclose your PHI to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- **Research.** Under certain circumstances, we may use and disclose your PHI for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one product or service to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of PHI, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose PHI for research, the project will have been approved through this research approval process. We will disclose your PHI for this purpose either upon receiving your specific permission or upon a waiver of such permission from the board that provides the project approval described above. We also may disclose your PHI to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the PHI they review does not leave ActivStyle.
- **As Required By Law.** We may disclose your PHI when required or permitted to do so by federal, state or local law, to the extent that such disclosure is limited to the relevant requirements of such law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS

- **Military and Veterans.** If you are a member of the armed forces, we may release your PHI as required by military command authorities. We also may release PHI about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation.** We may release your PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose your PHI for public health activities. These activities generally include the following:
 - To prevent or control disease, injury or disability;
 - To report births and deaths;
 - To report child abuse or neglect;
 - To report reactions to medications or problems with products;
 - To notify people of recalls of products they may be using;
 - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will make this disclosure only if you agree or when required or authorized by law.
- **Health Oversight Activities.** We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We also may disclose your PHI in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute. It is our practice to make reasonable efforts to tell you about the request and/or to obtain an order protecting the information requested as confidential.
- **Law Enforcement.** We may release PHI if asked to do so by a law enforcement official:
 - In response to a court order, subpoena, warrant, summons or similar process;
 - To identify or locate a suspect, fugitive, material witness or missing person;
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at ActivStyle;
 - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors.** We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release PHI of patients to funeral directors as necessary to carry out their duties.
- **National Security and Intelligence Activities.** We may release your PHI to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.
- **Protective Service for the President and Others.** We may disclose your PHI to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or conduct special investigations.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- **Fundraising.** We may use or disclose to certain third parties demographic information about you and limited information regarding your care for the purpose of raising funds for ActivStyle. You have a right to opt out of receiving such communications. Your decision to opt out of such communications will not affect the care that we provide to you.

OTHER USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION

Uses and disclosures of your PHI other than as described above will be made by us only with your written authorization. Your written authorization may be revoked at any time so long as you revoke your authorization in writing. We will honor your revocation except if we have taken action in reliance on your authorization, or your authorization was obtained as a condition of obtaining insurance coverage and other law provides the insurer with the right to contest a claim under the policy or to contest the policy itself. The types of uses and disclosures that require an authorization include:

- **Psychotherapy Notes.** We must obtain an authorization from you to use or disclose psychotherapy notes unless the disclosure is made (1) for certain enumerated treatment, payment or health care operations purposes; (2) as required by law; (3) for health oversight activities (with respect to the originator of the psychotherapy notes); (4) to a coroner or medical examiner for purposes of determining a cause of death; or (5) to prevent a serious threat to health or safety.
- **Marketing.** We must obtain an authorization for any use or disclosure of your PHI to communicate with you about a product or service that encourages you to use or purchase the product or service unless the communication is either a face-to-face communication or a promotional gift of nominal value. This does not include reminder communications about prescriptions, information regarding your course of treatment, case management or care coordination, communications to describe a health-related product or service that we provide, or contacting you in connection with treatment alternatives. If the marketing involves financial compensation, we must notify you of such compensation.
- **Sale of PHI.** We must obtain an authorization for any disclosure of your PHI which is a sale of PHI and such authorization must state that the disclosure will result in our receipt of financial remuneration.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy your PHI kept in a designated record set that may be used to make decisions about your care. Usually, this includes medical and billing records.

If ActivStyle uses or maintains an electronic health record with respect to your PHI, you have a right to obtain a copy of such information in an electronic format. If you have the right to the record in the electronic format, if you so choose, you may direct ActivStyle to transmit that copy directly to another entity or person.

To inspect and copy your PHI in a designated record set, you must submit your request in writing to the Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances and will advise you in writing of the reason for such denial. If you are denied access to your PHI in a designated record set, you may request that the denial be reviewed. A licensed health care professional chosen by us will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

• **Right to Amend.** If you feel that your PHI is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us. To request an amendment, your request must be made in writing and submitted to the Privacy Officer. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend PHI that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the PHI kept by or for us;
- Is not part of the PHI which you would be permitted to inspect and copy; or
- Is accurate and complete.

Even if we refuse to allow an amendment, however, you are permitted to include a patient statement about the information at issue in your medical record.

• **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of your PHI for certain purposes. You do not have the right to an accounting of disclosures which: ActivStyle has made to you or pursuant to your authorization, are disclosures made to carry out treatment, payment and health care operations but are not part of an electronic health record, or are disclosures permitted or required by law. Beginning January 1, 2011, if you request an accounting of disclosures of your PHI, the accounting will include disclosures made to carry out ActivStyle’s treatment or payment activities or health care operations through an electronic health record, if required by then-applicable regulations.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state the period of time for which you are seeking the accounting of disclosures, which may not begin more than six years before the date of your request for disclosures of PHI not from electronic health record or three years for disclosures of PHI from an electronic health record. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list.

We will notify you of the estimated costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

• **Right to Request Restrictions.** You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request, except if your requested restriction is to prevent disclosure of PHI to a health plan for purposes of carrying out payment or health care operations (and not for treatment) and the PHI pertains solely to a health care item or service for which you have already paid a health care provider out-of-pocket in full. If we do agree to your request, we will comply with your request unless the information is needed to provide you with emergency treatment.

To request restrictions, you must make your request in writing to the Privacy Officer. In your request you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

• **Right to Request Confidential Communications.** You have the right to request that we communicate with you about your personal health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Privacy Officer. We will not ask you the reason for your request. We will attempt to accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

• **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

You may obtain a copy of this Notice at our Web site, www.ActivStyle.com. To obtain a paper copy of this Notice, contact the Privacy Officer.

CHANGES TO THIS NOTICE

ActivStyle reserves the right to change this Notice. ActivStyle reserves the right to make the revised or changed Notice effective for PHI we already have about you as well as any PHI we receive in the future. ActivStyle will post a copy of the current Notice on our Web site. The Notice will contain on the first page, in the top right-hand corner, the effective date.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with ActivStyle or with the Secretary of the Department of Health and Human Services. To file a complaint with ActivStyle, direct your correspondence to the Privacy Officer, 1055 Westgate Drive, Suite 100, St. Paul, MN 55114. All complaints must be submitted in writing. General inquiries in this regard may be directed to the Privacy Officer at 1-800-651-6223. **You will not be penalized for filing a complaint.**