

HOME SOLUTIONS, INC.
NOTICE OF PRIVACY PRACTICES

Effective April 14, 2003

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

Home Solution's has always been committed to respecting and protecting the privacy of our clients. This Notice of Privacy Practices tells you about the ways we use and share your medical information.

To provide you with quality medical care, members of our clinical staff need to share your medical information with each other. We also share it with people who participate in your care, including any doctor who refers you to us and your family physician. Sharing this medical information is one way that we carry out our mission of *helping clients realize their health goals through appropriate home health care and related services*. In order for us to be paid for your care, and to run our business, we need to share your medical information. Details about this and other examples are listed below.

We are required by law to maintain the privacy of Protected Health Information ("PHI") and to provide individuals with notice of our legal duties and privacy practices with respect to PHI. PHI is information that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. This Notice of Privacy Practices ("Notice") describes how we may use and disclose PHI to carry out treatment, payment or health care operations and for other specified purposes that are permitted or required by law. The Notice also describes your rights with respect to PHI about you.

We are required to follow the terms of this Notice. We will not use or disclose PHI about you without your written authorization, except as described in this Notice. We reserve the right to change our practices and this Notice and to make the new Notice effective for all PHI we maintain. Upon request, we will provide any revised Notice to you.

Your Health Information Rights

You have the following rights with respect to PHI about you:

Obtain a paper copy of the Notice upon request. You may request a copy of the Notice at any time. To obtain a copy, contact our Privacy Officer and request that a Notice be mailed to you.

Inspect and obtain a copy of PHI. You have the right to access and copy PHI about you contained in a designated record set for as long as the we maintain the PHI. The designated record set will include prescription, medical and billing records. To inspect or obtain a copy of PHI about you, you must send a written request to our Privacy Officer. We may charge you a fee for the costs of copying, mailing and supplies that are necessary to fulfill your request. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to PHI about you, you may request that the denial be reviewed.

Request an amendment of PHI. If you feel that the PHI we maintain about you is incomplete or incorrect, you may request that we amend it. You may request an amendment for as long as we maintain the PHI. To request an amendment, you must send a written request to our Privacy Officer. You must include a reason that supports your request. In certain cases, we may deny your request for amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with the decision and we may give a rebuttal to your statement.

Receive an accounting of disclosures of PHI. You have the right to receive an accounting of the disclosures we have made of PHI about you on or after April 14, 2003, for most purposes other than

treatment, payment, or health care operations. The accounting will exclude certain disclosures, such as disclosures made directly to you, disclosures you authorize, and disclosures to friends' or family members involved in your care. The right to receive an accounting is subject to certain other exceptions, restrictions, and limitations. To request an accounting, you must submit a request in writing to our Privacy Officer. Your request must specify the time period for which you wish to obtain an accounting, which may not exceed six years. The first accounting you request within a twelve month period will be provided free of charge, but you may be charged for the cost of providing additional accountings. We will notify you of the cost involved, if any, and you may choose to withdraw or modify your request at that time.

Request communications of PHI by alternative means or at alternative locations.

You have the right to request to receive communications of PHI from the Pharmacy by alternative means or at an alternative location. For Example, you may request that we contact you on a mobile phone number instead of your home number. To request confidential communication of PHI about you, you must submit a request in writing to Home Solutions, Inc. Your request must state how or where you would like to be contacted. We will accommodate all reasonable requests. In the event of an emergency regarding your treatment, if we cannot reach you promptly using the alternative means or alternative location you requested, we may try to reach you by other means or at another location.

Request a restriction on certain uses and disclosures of PHI. You have the right to request additional restrictions on our use or disclosure of PHI about you by sending a written request to our Privacy Officer. We are not required to agree to those restrictions.

Examples of How We May Use and Disclose PHI

The following are descriptions and examples of ways we use and disclose PHI:

We will use PHI for treatment. For example, information obtained by clinical staff will be used to monitor the effectiveness, safety, and compliance of your drug therapy. In addition, we may contact you to provide refill reminders; check on your supplies; schedule nursing visits and coordinate deliveries.

We will use PHI for payment. For example, if you are covered under a health insurance plan, we will contact your insurer to determine whether it will pay for your therapy and the amount of your co-payment. We will bill you or a third-party payor for the cost of therapy medications and nursing services provided to you. The information on or accompanying the bill may include information that identifies you, as well as your prescribed therapy.

We will use PHI for health care operations. For example, we may use information in your health record to monitor drug usage and inventory levels. This information will be used in an effort to continually improve the quality and effectiveness of the health care and services we provide.

We are also permitted or required to use or disclose PHI for the following purposes:

Business associates: We contract with business associates to perform certain services or functions on our behalf. For example, we may contract with a business associate to perform billing services for us or to appeal insurance payments. We may disclose PHI about you to our business associates so that they can perform the job we have asked them to do. To protect PHI about you, we require our business associates to appropriately safeguard the PHI.

Communication with individuals involved in your care or payment for your care: Health professionals such as pharmacists, nurses or patient care representatives, using their professional judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, PHI relevant to that person's involvement in your care or payment related to your care.

Food and Drug Administration (FDA): We may disclose to the FDA, or persons under the jurisdiction of the FDA, PHI relative to adverse events with respect to drugs, foods, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers' compensation: We may disclose PHI about you as authorized by and as necessary to comply with laws relating to worker's compensation or similar programs established by law.

Public health: As required by law, we may disclose PHI about you to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Law enforcement: We may disclose PHI about you for law enforcement purposes as required by law or in response to a valid subpoena or other legal process.

As required by law: We must disclose PHI about you when required to do so by law.

Health oversight activities: We may disclose PHI about you to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, and inspections, as necessary for our licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Judicial and administrative proceedings: If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the requested PHI.

Research: We may disclose PHI about you to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your information has approved their research. We may contact you to inform you of research opportunities in which you may wish to participate.

Coroners and medical examiners: We may release PHI about you to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

Organ or tissue procurement organizations: Consistent with applicable law, we may disclose PHI about you to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Notification: We may use or disclose PHI about you to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location and your general condition.

Correctional institution: If you are or become an inmate of a correctional institution, we may disclose PHI to the institution or its agents when necessary for your health or the health and safety of others.

To avert a serious threat to health or safety: We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Military and veterans: If you are a member of the armed forces, we may release PHI about you as required by military command authorities.

Victims of abuse, neglect, or domestic violence: We may disclose PHI about you to a government authority, such as a social service or protective services agency, if we reasonably believe you are a victim of abuse, neglect, or domestic violence. We will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is

necessary to prevent serious harm to you or someone else or the law enforcement or public official that is to receive the report represents that it is necessary and will not be used against you.

Other Uses and Disclosures of PHI

The Pharmacy will obtain your written authorization before using or disclosing PHI about you for purposes other than those provided for above or as otherwise permitted or required by law. You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing PHI about you, except to the extent that we have already taken action in reliance on the authorization.

Minors

If you are a minor who has lawfully provided consent for treatment and you would like Home Solutions, to the extent permitted by your state's laws, to treat you as an adult for purposes of access to and disclosure of records related to such treatment, please notify the pharmacist.

For More Information or to Report a Problem

If you have questions or would like additional information about PHI practices, you may **contact our Privacy Officer by writing to Home Solutions, Inc., Privacy Officer, 215 Shore Road, Somers Point, New Jersey 08244, or you may call Privacy Officer toll-free at 1-888-646-6379.** If you believe your privacy rights have been violated, you can file a complaint with our Privacy Officer or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

Patient Name: _____

Relationship to Patient: _____

Signature: _____

Date: _____

OFFICE USE ONLY

I attempted to obtain the patient's signature in acknowledgement on this Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below:

Date:	Initials	Reason
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