



## Notice of Privacy Practices

Effective January 15, 2012

### Our Legal Duty

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. The privacy of your health information is important to us.

Federal and state laws require us to protect the privacy of your health information. We are also required to provide you with this notice about our privacy practices, your rights, and our legal responsibilities concerning your health information. We must follow the privacy practices we describe in this notice while it is in effect. This notice takes effect on the date listed at the top, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, as allowed by law. This includes the right to make changes in our privacy practices and the new terms of our notice effective for all health information that we maintain, including health information we created or received before we made the changes. When we make a significant change in our privacy practices, we will change this notice and make the new notice available on the GrandCare Systems website ([www.grandcare.com](http://www.grandcare.com)) and upon request.

### Uses and Disclosures of Protected Health Information

The following are examples of the types of uses and disclosures of your protected health information that are permitted under HIPAA. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made of the health information that is collected on your GrandCare system.

**To You:** We must disclose your protected health information to you, or to someone who has the legal right to act on your behalf.

**Treatment:** Your protected health information may be used or disclosed by you or your authorized caregivers to provide, coordinate, or manage your health care and any related services.

**Payment:** Your protected health information may be used and disclosed, if needed, by you or your authorized caregivers to obtain payment for your health care services.

**Health Care Operations:** We may use or disclose, as needed, your protected health information in order to support the business activities of GrandCare. Any use or disclosure would involve the minimum necessary information to do the job, to the minimum number of people, and only to those who have signed a written agreement to comply with HIPAA's Privacy and Security restrictions protecting your health information. These activities include, but are not limited to, technical support, quality assessment and improvement activities, and conducting or arranging for other business activities.

We will share your protected health information with third party "business associates," such as your distributor and dealer, that perform various activities (for example, system sales and installation) for our company. These business associates are covered by the same privacy laws, and are legally obligated to protect the privacy of your protected health information.

We may use or disclose your protected health information, as necessary, to provide you with information about products and services that may be of interest to you. If you do not want to receive these materials, you can make a request in writing to GrandCare.

**With Your Authorization:** You may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any uses or disclosures permitted by your authorization before the revocation.

**If Required By Law:** We may use or disclose your protected health information if the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the requirements of the law. You will be notified, if required by law, of any such uses or disclosures.

**Disaster Relief:** We may use or disclose your health information to a public or private entity authorized to assist in disaster relief efforts.

**People Involved in Your Health Care:** Your protected health information will be available through GCMManage to those involved in your care, e.g. friends, family members, personal representatives, or any individuals you identify, who have been set up in the GrandCare system as your authorized Caregivers. The account manager that you designate determines to which of your other Caregivers your protected health information can be disclosed. Before they can access this data, each Caregiver will be required to agree to protect the privacy of your health information. Your protected health information will also be available to users of your touchscreen GrandCare system, unless your account manager turns off the availability using GCMManage settings.

**News or Marketing Activities:** A representative of GrandCare may contact you or one of your family members to discuss whether or not you want to participate in a media or news story or marketing campaign. We will not use your health information for these types of communications without your written authorization.

**Public Benefit:** We may use or disclose your health information as authorized by law for the following purposes deemed to be in the public interest or benefit:

- As required by law;
- To report adult abuse, neglect, or domestic violence;
- To coroners, medical examiners, and funeral directors;
- In response to court and administrative orders and other lawful processes;
- To correctional institutions regarding inmates;
- To health oversight agencies;
- To law enforcement officials pursuant to subpoenas and other lawful processes, concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies, and for purposes of identifying or locating a suspect or other person;
- To the military and to federal officials for lawful intelligence, counterintelligence, and national security activities;
- To organ procurement organizations;
- For public health activities, including disease and vital statistic reporting, child abuse reporting, FDA oversight, and to employers regarding work-related illness or injury;
- In connection with certain research activities;
- To avert a serious threat to health or safety;
- As authorized by state worker's compensation laws.

## Your Rights

**Access:** You have the right to look at or get copies of your health information, with limited exceptions. It is available to you and your Caregivers through normal use of the GrandCare system. You may also receive an electronic copy of your health information in comma-separated value file format, by making a request in writing to GrandCare. As permitted by law, we may charge you a reasonable fee for a copy of your records.

**Restrictions:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency.) Make your request in writing to GrandCare, and include the specific restriction requested and to whom the restriction to applies. GrandCare is not required to agree with your request. If GrandCare does agree, the agreement will be in writing.

**Alternative Communication:** You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. Make your request in writing to GrandCare. Specify how or where you wish to be contacted. We will accommodate reasonable requests. We will not request an explanation from you as to the basis for the request.

**Amendment:** You have the right to request that we amend your health information. Make your request in writing to GrandCare, and include why we should amend the information. We may deny your request under certain circumstances.

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your health information over the last 6 years (but not before April 14, 2003.) That list will not include disclosures for treatment, payment, health care operations, as authorized by you, and for certain other activities. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. Make your request in writing to GrandCare.

**Copy of this Notice:** You have the right to a paper copy of this notice. You may ask us for a copy of this notice at any time. Even if you have agreed to accept this notice electronically, you are still entitled to a paper copy of this notice.

### **Complaints, Questions and Requests**

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Compliance Officer of your complaint. We will not retaliate against you for filing a complaint.

Address complaints, questions or requests for more information to:

Director of Quality and Compliance  
GrandCare Systems  
215 N. Main St., Suite 160  
West Bend, WI 53095  
(262)338-6147