

## PRIVACY NOTICE

SENSE-ABILITY, LLC makes every effort to protect the confidentiality of your health information.

- This notice describes how medical information about you may be used and disclosed, and how you can get access to this information.
- The confidential health information that we collect as we deliver care or services to you is called “protected health information”. We can use and disclose your protected health information in the following ways:
  1. TREATMENT: Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, as well as for coordinating services among Sense-Ability, LLC personnel and with others involved in your care, such as family members, your physician, suppliers of medical equipment, etc. Phone calls may be left at the phone number that you provided to remind you of appointments or follow up on care. Mailings of services that may be of interest may be sent to your listed address or email unless you request to opt out of these offerings.
  2. PAYMENT: Your health information may be used to seek payment from your health plan or from other sources of coverage such as an automobile insurer, that you may use to pay for services.
  3. HEALTH CARE OPERATIONS: Your health information may be used as necessary to support the day-to-day activities and management of Sense-Ability, LLC. For example, information on the services you received may be used to support budgeting and financial reporting, as well as activities to evaluate and promote the quality of services we provide, to include review by regulatory or accreditation organizations.
  4. RELEASE OF INFORMATION: If anyone requests to use or access your protected health information for reasons other than to provide care, obtain payment, or run our operations, we can only release it with your written authorization. You may revoke your authorization at any time.
  5. RIGHT TO REVISE PRIVACY PRACTICES: As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next visit. The revised policies and practices will be applied to all protected health information that we maintain.

6. REQUESTS TO INSPECT, AMEND OR COPY PROTECTED HEALTH INFORMATION: As permitted by federal regulation, we require that requests to inspect, amend, or copy protected health information be submitted in writing. Please send all written requests to Michelle McCloskey, Member, Sense-Ability, LLC.
  
7. COMPLAINTS: If you believe that your privacy rights have been violated, or if you would like to submit a comment or complaint about our privacy practices, you can do so by calling Michelle McCloskey, Member, Sense-Ability, LLC. You may also file a complaint with the office of the Secretary of Health and Human Services. We want to hear your concerns, and you will not be penalized or otherwise retaliated against for filing a complaint.

EXCEPTIONS: Federal regulations permit disclosure of protected health information to representatives of the following organizations without your written authorization or without obtaining your agreement or objection:

1. To public health authorities.
2. To government representatives responsible for responding to concerns about abuse, neglect, or domestic violence as permitted by law.
3. For judicial or administrative proceedings or in response to a subpoena or discovery request.
4. For law enforcement purposes to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government mandated reporting.
5. To funeral directors, coroners, and medical examiners.
6. For purposes of organ or tissue donation.
7. For research purposes as approved by a Privacy or Institutional Review Board.
8. To avert a serious threat to health or safety; or for special government functions such as national security.
9. For purposes of Worker's Compensation.

You have the right under the federal privacy standards regarding the use and disclosure of your protected health information.

- The right to request restrictions on the use and disclosure of your protected health information, such as with a particular family member. You can also decide to end a restriction at any time.
- The right to receive confidential communications concerning your medical condition and treatment, or to have us send all of our written communication to another person's address, for a reasonable fee, if you ask us to do so.
- The right to inspect and copy your protected health information and the right to amend it.
- The right, with limited exceptions under federal regulations, to receive an accounting of how and to whom your protected health information has been disclosed, other than those used for treatment, payment, or operations.

Acknowledgement of receipt of privacy notice regarding protected health information.

I acknowledge that I have read the Sense-Ability, LLC Notice of Privacy regarding Protected Health Information. I have been provided an opportunity to discuss questions or concerns I may have regarding the privacy of my health information and understand the contents of the Notice.

\_\_\_\_\_  
Name of Patient or Representative

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Signature of Patient/Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date