



Authorization to Bill

PLEASE SIGN AND RETURN

We are a Medicare Participating Provider

My Signature below authorizes/acknowledges each of the following:

Direct billing to Medicare, Medicaid, Medicare Supplemental or other insurer(s) on my behalf.

Release of my medical information to my insurance providers and their agents.

Kindred House Calls and/or any of their corporate affiliates to obtain medical or other information necessary in order to process claims(s), including determining eligibility and seeking reimbursement for medical supplies and/or medication(s) provided.

I acknowledge that I have received a copy of Kindred House Calls Notice of Privacy Practices.

There are certain services Kindred House Calls provides which are not covered by Medicare and most other insurances. These charges must be paid by the patient or their representative at the time of service. The following charges may apply:

- Missed Visit Fee **\$75**
- Formal Letter Requests **\$40**
- Records (free to MD office) **\$35**
- Care Plan Oversight (other than Medicare) **\$40**
- Long Term Care Form **\$40**

SIGN and RETURN THIS PAGE IMMEDIATELY! In order for us to bill Medicare and/or other insurance for your medical supplies and/or medications, this page must be completed, signed, and returned immediately.

Name of Patient/legal representative: _____

Relationship to patient: _____

SIGNATURE: _____



NOTICE OF PRIVACY PRACTICES

Effective Date: July 19, 2013

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.

Understanding Your Medical Record and Your Health Information

Kindred Healthcare (“Kindred”) is committed to protecting the privacy and safeguarding the security of your protected health information. Each time you receive services from Kindred or one of its affiliates (together, an affiliated covered entity), we record information that identifies you and relates to your medical condition, provision of health care, or payment for your treatment. Typically, this record consists of your medical history, symptoms, examination, observations, test results, diagnosis, care summaries, treatment, and future care plans. Understanding your health information and how it is used is important in maintaining its accuracy and confidentiality. This notice pertains to our workforce members and other health care providers we work with in a clinically integrated setting (e.g., members of our medical and clinical staff) and other participants in our organized health care arrangements, and pertains to uses and disclosures of your protected health information whether made verbally, on paper, or electronically, including through a health information exchange operated by Kindred or a business associate.

How We May Use and Disclose Your Health Information

Federal privacy laws allow Kindred to use and disclose your health information for the following reasons or to the following entities:

- **Treatment** – We may use and disclose your health information to provide, coordinate or manage your treatment and related services, including disclosures to doctors, nurses, technicians, students, volunteers, or other personnel involved in your care. We may disclose your health information to other providers to facilitate the care they provide you. For example, we may share your health information to coordinate your health care and related services, such as care summaries, prescriptions, lab work and x-rays.
- **Payment** – We may use and disclose your health information so that the treatment and services you receive are billed to and payment is collected from you, an insurance company or a third party. For example, we may tell your health plan about your treatment plans to obtain prior approval or determine whether your plan will cover the treatment.
- **Health Care Operations** – We may use and disclose your health information for our health care operations. These uses and disclosures allow us to continually improve the quality and effectiveness of your care. For example, we may use and disclose your health information to review our treatment and services, manage your care, and evaluate the performance of our staff and others caring for you. We may also combine your health information with health information from others so that our quality improvement team and other participants in our organized health care arrangements can identify improvements in the care and services you receive.
- **Facility Directory Purposes** – If you receive services in a Kindred facility, we may include certain limited information about you in a facility directory while you are a patient. This information may include your name, location in the facility, general condition (e.g., fair, stable, etc.) and religious affiliation. The directory information, except for your religious affiliation, may be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don’t ask for you by name. The facility directory is used so your family, friends and clergy can visit you and generally know how you are doing. If you would like to opt out of being in the directory, please contact the Privacy and Security Contact.
- **To Family Members and Others Involved in Your Care** – Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your health information that directly relates to that person’s involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose health information to notify or assist in notifying a family member, personal representative, or any other person responsible for your care of your location, general condition, or death.
- **Disaster Relief** – We may use or disclose your health information to an authorized public or private entity to assist in disaster relief efforts to coordinate notifying your family members of your location, general condition or death.
- **Incidental Disclosures** – Some incidental disclosures of your health information may occur during otherwise permitted use or disclosure of your health information. For example, a visitor may overhear a discussion about your care at the nursing station. We have implemented appropriate safeguards to protect the privacy of your information, such as keeping those conversations at a quiet volume.
- **As Required by Law** – We may disclose your health information when we are required to do so by federal, state or local law.
- **Public Health Activities** – We may disclose your health information to appropriate bodies for public health activities, including preventing or controlling disease, reporting adverse events, product defects, or for Food and Drug Administration reporting. We may provide required immunization records to a school with agreement from a parent, guardian or other representative.
- **Crime, Abuse and Neglect Reporting** – We may disclose your health information to a government authority if we reasonably believe you have been a victim of a crime or a victim of abuse, neglect or domestic violence.
- **Health Oversight Activities** – We may disclose your health information to a health oversight agency for activities such as audits; investigations; licensure or disciplinary actions; or for civil, administrative or criminal proceedings.



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- **Judicial and Administrative Proceedings** – We may disclose your health information in response to a court or administrative tribunal order. We may also disclose your health information in response to a subpoena, discovery request, or other lawful process once efforts have been made to tell you about the request or obtain an order protecting the information requested.
- **Law Enforcement Purposes** – In certain circumstances, we may disclose your health information for law enforcement purposes to a law enforcement official including disclosures for identification and location purposes; pertaining to crime victims; if we suspect a death occurred as a result of a crime; if we believe a crime occurred on the premises; or to alert law enforcement in certain medical emergencies.
- **Coroners, Medical Examiners, and Tissue Donation** – We may disclose your health information to identify a deceased person or determine the cause of death, to funeral directors to assist in their duties, or to organ procurement organizations to facilitate organ, eye or tissue donation and transplantation.
- **Research** – We may use and disclose your health information to researchers in certain circumstances, such as research that has been approved through a special process designed to protect your health information privacy.
- **To Avert a Serious Threat to Health or Safety** – We may use and disclose your health information when necessary to prevent a serious and imminent threat to your health and safety or the health and safety of the public or another to someone able to help prevent the threat.
- **Specialized Government Functions** – We may use and disclose your health information for some military and veteran activities, such as to military authorities if you are or were previously a member of the armed forces. We may also disclose information when requested by federal officials for national security or intelligence activities or for the protection of certain public officials.
- **Correctional Institutions** – If you are an inmate, we may disclose your health information to your custodial correctional institution or law enforcement officials in certain circumstances.
- **Workers' Compensation** – We may disclose your health information to comply with laws relating to workers' compensation or similar programs.
- **Communication** - We may contact you to provide appointment and refill reminders, alternative treatments, and other health-related services such as disease management programs and community-based services that may be of interest to you.
- **Business Associates** – Service providers with whom we have contracted to provide a service on our behalf may create, receive, maintain or transmit your health information once they agree in writing to protect the privacy and security of your health information.
- **To Health and Human Services** – We may disclose your health information to the Secretary of Health and Human Services for compliance reviews and complaint investigations.
- **Fundraising** – We may use limited health information to contact you for fundraising activities. For example, we may contact you to raise funds for a Kindred foundation. You have the right to opt out of receiving such communications by providing us notice through one of the opt out methods we provide.
- **Marketing** – With a few exceptions, we must have your written authorization to use or disclose your health information to make a communication about a product or service that encourages the recipients of the communication to purchase or use the product or service. For example, we may communicate with you face-to-face regarding services that may be of interest and provide you with promotional gifts of nominal value.
- **Psychotherapy Notes** – We must have your written authorization to use or disclose your psychotherapy notes except for certain treatment, payment and health care operations purposes, if the disclosure is required by law or for health oversight activities, or to avert a serious threat.
- **Sale of Protected Health Information** – With few exceptions, we must have your written authorization for any disclosure of your health information that is a sale of protected health information and we must notify you that we will be paid for the disclosure.
- **Other Uses and Disclosures** – Other uses and disclosures not described in this Notice will be made only with your written authorization unless otherwise required or permitted by law.
- **Revoking an Authorization** – You may revoke an authorization at any time in writing, except to the extent that we have relied on the authorization to disclose your health information or in certain circumstances when the authorization was obtained as a condition of obtaining insurance coverage.

Your Health Information Rights

Although your medical record is the property of Kindred, the information belongs to you. You have legal rights regarding your health information, which are described below. Your legal rights include a:

- **Right to Inspect and Copy** – With some exceptions, you have the right to inspect and obtain a digital or hard copy of your health information maintained in your designated record set. We may charge a fee for the associated cost of labor, mailing, or other

supplies. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access, you may request a review of the denial.

- **Right to Amend** – If you believe the health information we have about you is inaccurate or incomplete, you have the right to request an amendment of your health information. This right exists as long as we keep this information. You must provide a reason that supports your request. We may deny your request for an amendment in some circumstances.
- **Right to an Accounting of Disclosures** – You have the right to obtain a listing of certain disclosures we have made of your health information. You can request an accounting of these disclosures made for up to 6 years prior to the date of your request. The first request in a 12-month period is provided at no cost to you. There may be a charge for subsequent requests within the same 12-month period. We will notify you of the cost involved so you may withdraw or modify your request before incurring any costs.
- **Right to Request Restrictions** – You have the right to request restrictions on the use or disclosure of your health information for treatment, payment and health care operations. You also have the right to request a restriction on disclosures about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request except when you 1) request a restriction to your health plan for payment or health care operations purposes, and the disclosure is not otherwise required by law, and 2) the request pertains solely to a health care item or service for which we have been paid out-of-pocket in full. If we do agree to a requested restriction, we will comply with your request unless the information is needed to provide you emergency treatment. You will need to notify other providers if you want them to abide by the same restrictions.
- **Right to Receive Confidential Communications** – You have the right to request to receive communications of health information by alternate means or at alternative locations. We will accommodate all reasonable requests.
- **Right to a Paper Copy of this Notice** – You may request a paper copy of this Notice at any time, even if you have agreed to receive this Notice electronically.

All requests made under this section must be made in writing to the Kindred facility/location where you receive or received care to the attention of the Privacy and Security Contact.

Our Responsibilities

We are required by law to maintain the privacy of protected health information, provide you with this Notice of our legal duties and privacy practices with respect to protected health information, and to notify you if you are affected by a breach of unsecured protected health information.

We are required to abide by the terms of this Notice while it is in effect. We reserve the right to change the terms of our Notice and to make the new Notice provisions effective for all protected health information that we maintain. If we change the terms of our Notice, we will make copies of the new Notice available to you and post a copy of the new Notice in a prominent location in our facilities and on our website.

State Law Requirements

Certain state health information laws and regulations, such as those dealing with mental health, HIV/AIDS or drug and alcohol records, may be more stringent than the federal privacy laws and further limit the uses and disclosures of your health information described above.

Complaints

If you believe your privacy rights have been violated, you may complain to Kindred or to the Secretary of Health and Human Services. You may file a complaint with the Privacy and Security Contact at the facility or location where you are or were receiving services or you may file a complaint using Kindred's Compliance Hotline at (800) 359-7412. You will not be retaliated against for filing a complaint.

Contact Us

If you have questions about this Notice, please contact the facility or location where you are or were receiving care and request to speak to the Privacy and Security Contact. You may also contact Kindred's Compliance Department at (800) 545-0749.