

BILLING INFORMATION AND FINANCIAL OBLIGATION

We may use and disclose Confidential Information to bill and collect payment from insurance company or any third party payer involved in your care if applicable. You are responsible for any co-payments, deductibles and non-covered services. Service week is from Monday through Sunday and billing cycle starts the Monday of each week. You will be billed on a weekly basis. You will be notified in advance of the cost of services for which you will be expected to pay. Unpaid balance over 30 days will be assessed a finance charge of 1.5% per month. You are liable for charges and attorney fees if payments are not received within 90 days.

CLIENTS RIGHT TO AMMEND PERSONAL HEALTH INFORMATION

If you believe your information is incorrect or an important part is missing from your records, you have the right to ask us to amend your Personal Health Information by submitting a request and reason in writing. We may deny your request for certain specific reasons. If we deny your request, we will provide you with written explanation for the denial and information regarding further rights you may have at that point.

COMMUNICATION

Office hours are Monday through Friday from 9:00 a.m. till 6:00 p.m. During after-hours a staff member is available to take your call. We are available 24 hour, 7 days a week. All non-emergency calls will be picked up the morning of the next business day. We may contact you via newsletters, postcards, mailings or other means regarding updates or activities in which the Agency participates. We may also contact you to raise funds for our company. You may ask us to restrict certain uses and disclosures of your medical information. We are not required to agree to your request, but if we do, we will honor it. You have the right to receive communications from us in a confidential manner.

CANCELING AN APPOINTMENT

If for any reason you need to cancel your scheduled visit with a nurse, therapist, service coordinator or other office personnel, please call the office at least 4 hours ahead of time. This will help us to reschedule your service.

LAW ENFORCEMENT AND LEGAL PROCEDINGS

We may disclose health information or any information relating to your care for law enforcement purposes as required by law or in response to a valid subpoena. We may also disclose your PHI in the following situation without your authorization. These situations includes: Public health issues as requires by law, communicable disease and abuse or neglect.

Tropics Home Care Services, Inc.

Customer Service Department
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To Our Clients

Notice Of Privacy Practices

**This Notice is effective
as of November 22, 2010**

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

PURPOSE: Our Notice of Privacy Practices outlines the information that federal law requires us to give to our clients regarding our Privacy Practices. We must give this Privacy Notice to each client or family on or before service delivery date. We must make a good faith attempt to obtain written acknowledgement of receipt of this notice.

A copy of this Privacy Notice is available at the office for clients. We will post the notice in our office in a clear and prominent location where it is reasonable to expect any client seeking services from us to be able to read the notice. We reserve the right to change the terms of this notice, making any revision applicable to all the protected health information we maintain. If we revise the terms of this notice, we will post a revised notice at our office and make paper copies available to you upon request.

At Tropics Home Care Services, Inc. (the Agency) confidentiality is held in the highest regards. We have an ethical and legal responsibility to protect your Personal Health Information (PHI), in accordance with Health Insurance Portability and Accountability Act (HIPAA) of 1996. The privacy rule, which was created under HIPAA, provides federal protections for PHI held by covered entity and assist individual in understanding and controlling how their health information is being used and disclosed. **PHI** is information in electronic or written form that relates to your past, present or future financial, insurance or health condition.

It is our responsibility to guarantee the Privacy of your PHI and any personal and financial information of our clients during and after receiving services through the Agency.

We will disclose Confidential Information on a need to know basis to caregivers, insurance company and other authorized individuals involved in your care. We will not in any way divulge, copy, release, sell, alter or destroy any confidential information except as properly authorized or as required by law.

NOTICE OF PRIVACY PRACTICES

This Notice will inform you about:

1. How we use your Personal Health Information (PHI)
2. Disclosure of your PHI
3. How you can get access to this information.

PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

Please contact the service coordinator at (561) 739-3270 with questions about this notice.

HOW WE PROTECT YOUR INFORMATION

We treat your information with confidentiality. Our office staff and caregivers are trained and take care in handling your information. We take steps to make sure our computer system is secure.

THE AGENCY MAY USE AND DISCLOSE PHI AND CONFIDENTIAL INFORMATION FOR: We may use and disclose your PHI and Confidential Information to authorize individuals involved in your care only on a need to know basis.

HOME CARE SERVICES: We create a record of care and the services we provide. We disclose information about you on a need to know basis to caregivers, nurses, doctors and other person or company involved in your care. These disclosures are necessary to ensure that all our clients receive excellent care. We may use your PHI to review care and services and to evaluate the performance of our caregivers and staff members in caring for you; to decide what additional services we should offer; how we can improve services provided; what services are not needed and if a referral is appropriate. We may release your information with your consent to an entity assisting in a disaster relief effort if we deem it to be in your best interest. (e.g. special needs shelter or special care units.)

HOME CARE RECORDS

Your home care records are the property of the Agency, just as your hospital medical records are the property of the hospital. You may request in writing to obtain a copy of your record and we may find it necessary to bill you for handling cost. The information in your home care record is confidential including rate of services.

HEALTHCARE ADMINISTRATORS

Professional Standard Review Organizations, Regulator Review Entity or Accreditation Reviewing Organization may review files for compliance, or any other person, organization, company or entity which is or may become involved or have jurisdiction over your care.

PAYMENT: We may use and disclose Confidential Information to bill and collect payment from you, your long term insurance company or any third party payer with prior authorization.

DISCLOSURE:

Department of Health and Human Services: We may disclose medical and health information to Department of Health and Human Services as part of an investigation or determination of our compliance to relevant laws.

Friends and Family: Unless you object, we may disclose your medical information to family, other relatives or close personal friends when the medical information is directly relevant to that person's involvement in your care.

Disaster Relief: We may disclose your medical information to a public or private entity, such as the American Red Cross or other disaster relief entity for the purpose of coordinating with the entity to assist in disaster relief efforts.

Abuse and Neglect: We may disclose your medical and health information when it concerns abuse, neglect or violence to you in accordance with federal and state law.

ACCOUNTING OF DISCLOSURE (AOD): You have the right to receive a list of instances in which we disclose your PHI for purposes other than providing home care services, payments, home care operations, an entity assisting in a disaster relief effort and certain other activities, for the last 6 years, but not before November 22, 2010. If you request an AOD more than once in a 12 month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

You have the right to complain to us and or to the State Agency for Health Care Administration regarding the services you received or any violation of your rights by calling **TOLL-FREE 1 (888) 419-3456**.

To report Abuse, Neglect or Exploitation you may call **TOLL- FREE 1 (800) 962-2873**

REVISION OF NOTICE OF PRIVACY PRACTICES

We reserve the right to change the terms of this notice, making any revision applicable to all the protected health information we maintain. If we revise this notice we will post a revised copy at our office and make paper copies available to you upon request.