

Home Care Delivered, Inc. (HCD) provides health care products and supplies to clients in partnership with physicians and other professionals and organizations.

As a client, you have a right to...

1. Be involved in ethical issues and conflicts regarding your care or services.
2. Participate in the development and periodic revision of the plan of care, and to be informed in advance of changes to the plan. To inform the organization of health information with regard to the supplies /services.
3. Voice grievances and suggest changes in service or staff without fear or restraint, discrimination, or reprisal. Make complaints to HCD's Customer Service Department, (toll-free 1-800-565-5644) or write to: Customer Service Department, Home Care Delivered, Inc. 11013 West Broad Street, 4th Floor, Glen Allen, VA 23060.
4. Be free from emotional, psychological, sexual and physical abuse and from exploitation by anyone employed by HCD.
5. Be informed in advance of the charges for services, including payment for care expected from third parties, billing policies, and any charges the client will be expected to pay.
6. Access necessary to company professional's services during work hours.
7. Be advised of the availability, purpose, and appropriate use of State, Medicare and Federal and accrediting body Hotline numbers (our Privacy Officer can provide you with these numbers).
8. Be notified in advance of transfers, and when and why care will be continued, or discontinued.
9. Know that HCD adheres to the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
10. Cancel HCD services at any time.
11. Choose any provider for your supplies.
12. Self-determination, which encompasses the right to make choices regarding life-sustaining treatment, including resuscitative services. This right of self-determination may be effectuated by an advance directive.

As a client, you have the responsibility to...

1. Give accurate and complete health information.
2. Assist in creating and maintaining a safe home environment to which supplies are delivered.
3. Accurately inform your HCD Representative of the quantity of supplies 'on-hand' at your home.
4. Request information about anything that is not understood and express concerns regarding services provided.
5. Contact your doctor whenever you notice any change in your condition.
6. Pay in full any portion of the cost of your supplies not covered or paid by your health insurance.

As a home medical supply provider, Home Care Delivered, Inc. has the right/responsibility to...

1. Provide quality home medical supplies in accordance with the physician orders.
2. Instruct the patients and/or caregivers in the proper use of the supplies.
3. Explain fully and accurately to patients and/or caregivers the client's rights and obligations regarding the sale and service of the medical supplies.
4. Bill Medicaid and/or Medicare on your behalf, and bill your supplemental insurance for the deductible and coinsurance not paid by Medicare.

Privacy rights

The information about privacy practices in this notice will be followed by:

- All departments and units of HCD.
- All employed teammates and contract staff, including billing and information technology personnel with whom it may be necessary to share information.

Our pledge to you

We understand that medical information about you is personal. We are committed to protecting medical information about you. We create a record of the medical condition and products, supplies, and/or services HCD provides to ensure appropriate care and in order to comply with legal requirements. This notice applies separately to each department of our organization, whether created by company staff or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office. We are required by law to:

- Keep medical information about you private.
- Give you this notice of our legal duties and privacy practices with respect to medical information about you.
- Follow the terms of the notice that is currently in effect.

Changes to this notice

We may change our policies at any time. Changes will apply to medical information we already hold, as well as new information received after a change occurs. Before we make a significant change in our policies, we will change our notice and post the new notice in our headquarters lobby and on our website at www.HCD.com. You may request a copy of the current notice at any time by contacting HCD's Corporate Compliance Department at 1-800-565-5644. The effective date is listed just below the title. You will automatically receive a copy of the current notice with your first order.

How we may use and disclose medical information about you

- We may use and disclose medical information about you for treatment (such as sending medical information about you to your doctor's office as part of obtaining required physician authorization and/or related documentation); to obtain payment for products, supplies, and/or services (such as sending a list of products or supplies purchased to a third-party accounting services for billing); and to support our business operations (such as comparing patient data to improve product availability).
- We may use or disclose medical information about you without your prior authorization for several other reasons. Subject to certain requirements, we may give medical information about you without your prior authorization for abuse and neglect reporting, business oversight audits or inspections, research studies, worker's compensation purposes, and emergencies. We may also disclose medical information when required by law, such as in response to a request from law enforcement in specific circumstances, or in response to valid judicial or administrative orders.
- We also may contact you to tell you about or recommend products, supplies, or services options, alternatives, or health-related benefits that may be of interest to you, or to support fundraising efforts.
- We may disclose medical information about you to a friend or family member who is involved in your medical care.

Other uses of medical information

In any other situation not covered by this notice, we will ask for your written authorization before using or disclosing medical information about you. If you choose to authorize use or disclosure, you can later revoke that authorization by notifying HCD in writing of your decision.

Your rights regarding medical information about you

- In most cases, you have the right to look at or get a copy of medical information that we use to make decisions about your products, supplies or services, when you submit a written request. If you request copies, we may charge a fee for the cost of copying, mailing or other related supplies. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision.
- If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct the records, by submitting a request in writing that provides your reason for requesting the amendment. We could deny your request to amend a record if the information was not created by us; if it is not part of the medical information maintained by us; or if we determine the record is accurate. You may appeal, in writing, a decision by us not to amend a record.
- You have the right to a list of those instances where we have disclosed medical information about you, other than for treatment, payment, business operations or where you specifically authorized a disclosure, when you submit a written request. The request must state the time period desired for the accounting,

which must be less than a 6-year period and starting after April 14, 2003. You may receive the list in paper or electronic form. The first disclosure list request in a 12-month period is free; other requests will be charged according to our cost of producing the list. We will inform you of the cost before you incur any costs.

- If this notice was sent to you electronically, you have the right to a paper copy of this notice.
- You have the right to request that medical information about you be communicated to you in a confidential manner, such as sending mail to an address other than your home, by notifying us in writing of the specific way or location for us to use to communicate with you.
- You may request, in writing, that we not use or disclose medical information about you for treatment, payment or business operations or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. We will consider your request, but we are not legally required to accept it. We will inform you of our decision on your request. All written requests or appeals should be submitted to our Privacy Officer listed at the end of this notice.