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.

USE AND DISCLOSURE OF HEALTH INFORMATION

Visiting Health Services of New Jersey, Inc. and Passaic Valley Hospice ("VHS") may use your health information, information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. VHS has established policies to guard against unnecessary disclosure of your health information.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED:

To Provide Treatment. VHS may use your health information to coordinate care within the organization and with others involved in your care, such as your attending physician and other health care professionals who have agreed to assist VHS in coordinating care. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. VHS also may disclose your health care information to individuals outside of the agency involved in your care including family members, pharmacists, suppliers of medical equipment or other health care professionals. Your health information may also be disclosed as needed to obtain emergency or escort services from local fire or police departments. In addition, in order to provide appropriate and necessary social services, your

health information may be used or disclosed to outside agencies in order to secure needed services.

To Obtain Payment. VHS may include your health information in invoices to collect payment from third parties for the care you receive from VHS. For example, VHS may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or VHS. VHS also may need to obtain prior approval from your insurer and may need to explain to the insurer your need for home care or hospice and the services that will be provided to you.

To Conduct Health Care Operations. VHS may use and disclose health information for its own operations in order to facilitate the function of VHS and as necessary to provide quality care to all of our patients. Healthcare operations includes such activities as:

- Quality assessment and improvement activities.
- Activities designed to improve health or reduce health care costs.
- Protocol development, case management and care coordination.
- Contacting health care providers and patients with information about treatment alternatives and other related functions that do not include treatment.
- Professional reviews and performance evaluations.
- Training programs including those in which students, trainees or practitioners in health care learn under supervision.
- Training of non-health care professionals.
- Accreditation, certification, licensing or credentialing activities.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business planning and development including cost management and planning related analyses and formulary development.
- Business management and general administrative activities of VHS.
- Fundraising for the benefit of VHS.
- Bereavement Support services.

For example VHS may use your health information to evaluate its staff performance, combine your health information with other patients in evaluating how to more effectively serve all patients, disclose your health information to VHS staff and contracted personnel for training

purposes, use your health information to contact you as a reminder regarding a visit to you, or contact you as part of general fundraising, bereavement support and community information mailings (unless you tell us you do not want to be contacted).

For Fundraising Activities. VHS may use information about you including your name, address, phone number and the dates you received care in order to contact you to raise money for VHS. If you do not want VHS to contact you, please notify our Privacy Official at (973) 256 4636 and indicate that you do not wish to be contacted.

For Appointment Reminders. VHS may use and disclose your health information to contact you as a reminder that you have an appointment for a home visit.

For Treatment Alternatives. VHS may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY ALSO BE USED AND DISCLOSED

When Legally Required. VHS will disclose your health information when it is required to do so by any Federal, State or local law.

When There Are Risks to Public Health. VHS may disclose your health information for public activities and purposes in order to:

- Prevent or control disease, injury or disability, report disease, injury, vital events such as birth or death and the conduct of public health surveillance, investigations and interventions.

- Report adverse events, product defects, to track products or enable product recalls, repairs and replacements and to conduct post-marketing surveillance and compliance with requirements of the Food and Drug Administration.
- Notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.
- Notify an employer about an individual who is a member of the workforce as legally required.

To Report Abuse, Neglect Or Domestic Violence. VHS is allowed to notify government authorities if VHS believes a patient is the victim of abuse, neglect or domestic violence. VHS will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

To Conduct Health Oversight Activities. VHS may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. VHS, however, may not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

In Connection With Judicial And Administrative Proceedings. VHS may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when VHS makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

For Law Enforcement Purposes. As permitted or required by State law, VHS may disclose your health information to a law enforcement official for certain law enforcement purposes as follows:

- As required by law for reporting of certain types of wounds or other physical injuries pursuant to the court order, warrant, subpoena or summons or similar process.
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
- Under certain limited circumstances, when you are the victim of a crime.
- To a law enforcement official if VHS has a suspicion that your death was the result of criminal conduct including criminal conduct at VHS.

- In an emergency in order to report a crime.

To Coroners And Medical Examiners. VHS may disclose your health information to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law.

To Funeral Directors. VHS may disclose your health information to funeral directors consistent with applicable law and if necessary, to carry out their duties with respect to your funeral arrangements. If necessary to carry out their duties, VHS may disclose your health information prior to and in reasonable anticipation of your death.

For Organ, Eye Or Tissue Donation. VHS may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue for the purpose of facilitating the donation and transplantation.

For Research Purposes. VHS may, under very select circumstances, use your health information for research. Before VHS discloses any of your health information for such research purposes, the project will be subject to an extensive approval process.

In the Event of A Serious Threat To Health Or Safety. VHS may, consistent with applicable law and ethical standards of conduct, disclose your health information if VHS, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

For Specified Government Functions. In certain circumstances, the Federal regulations authorize VHS to use or disclose your health information to facilitate specified government functions relating to military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody.

For Worker's Compensation. VHS may release your health information for worker's

compensation or similar programs.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than is stated above, VHS will not disclose your health information other than with your written authorization. If you or your representative authorizes VHS to use or disclose your health information, you may revoke that authorization in writing at any time.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that VHS maintains:

Right to request restrictions. You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on VHS's disclosure of your health information to someone who is involved in your care or the payment of your care. However, VHS is not required to agree to your request. If you wish to make a request for restrictions, please contact VHS's Privacy Official at 973-256-4636.

Right to receive confidential communications. You have the right to request that VHS communicate with you in a certain way. For example, you may ask that VHS only conduct communications pertaining to your health information with you privately with no other family members present. If you wish to receive confidential communications, please contact the Privacy Official at 973-256-4636. VHS will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.

Right to inspect and copy your health information. You have the right to inspect and copy your health information, including billing records. A request to inspect and copy records containing your health information may be made to VHS's Privacy Official at 973-256-4636. If you request a copy of your health information, VHS may charge a reasonable fee for copying and assembling costs associated with your request.

Right to amend health care information. You or your representative have the right to request that VHS amend your records, if you believe that your health information is incorrect or incomplete. That request may be made as long as the information is maintained by VHS. A request for an amendment of records must be made in writing to the Privacy Official at: 783 Riverview Drive, Totowa, NJ 07511 or by calling 973 256 4636 or by email to vhs@ultradsl.net .

VHS may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your health information records were not created by VHS, if the records you are requesting are not part of the VHS records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy, or if, in the opinion of the VHS, the records containing your health information are accurate and complete.

Right to an accounting. You or your representative have the right to request an accounting of disclosures of your health information made by the Agency for certain reasons, including reasons related to public purposes authorized by law and certain research. The request for an accounting must be made in writing to the Privacy Official at: 783 Riverview Drive, Totowa, NJ 07511 or by calling 973 256 4636 or by email to vhs@ultradsl.net

The request should specify the time period for the accounting starting on or after April 14, 2003. Accounting requests may not be made for periods of time in excess of six (6) years. VHS would provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

Right to a paper copy of this notice. You or your representative have a right to a separate paper copy of this Notice at any time even if you or your representative have received this Notice previously. To obtain a separate paper copy, please contact the Privacy Official at 973-256-4636. You or your representative may also obtain a copy of the current version of VHS's Notice of Privacy Practices at our website, www.vhsofnj.com www.vhsofnj.com

DUTIES OF THE AGENCY

VHS is required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of its duties and privacy practices VHS is required to abide by the terms of this Notice as may be amended from time to time. VHS reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all health information that it maintains. If VHS changes its Notice, we will provide a copy of the revised Notice to you or your appointed representative. You or your personal representative have the right to express complaints to VHS and to the Secretary of the Department of Health and

Human Services if you or your representative believe that your privacy rights have been violated. Any complaints to VHS should be made in writing to the Privacy Official at: 783 Riverview Drive, Totowa, NJ 07511 or by calling 973 256 4636 or by email to vhs@ultradsl.net.

VHS encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

CONTACT PERSON

VHS has designated the Privacy Official as its contact person for all issues regarding patient privacy and your rights under the Federal privacy standards. You may contact this person by writing to: 783 Riverview Drive, Totowa, NJ 07511 or by calling 973 256 4636 or by email to vhs@ultradsl.net.

EFFECTIVE DATE

This Notice is effective April 14, 2003.

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT:

Privacy Official VHS 783 Riverview Drive Totowa, NJ 07511

973-256-4636

vhs@ultradsl.net