



## **Notice of Privacy Practices**

I. THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION, HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION. YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH THE PRIVACY OFFICE AT [732-364-2144, ext. 5206. [cwerblowsky@chemedhealth.org](mailto:cwerblowsky@chemedhealth.org)] IF YOU HAVE ANY QUESTIONS.

WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI), which includes information about your past, present, or future health, health care you receive from us, and payment for that care. We must follow the privacy practices described in this Notice.

We reserve the right to change the terms of this Notice and our privacy policies at any time. Changes will apply to PHI we already have. Whenever we make a significant change, we will post the revised Notice in our reception area, post it on our website, and provide a copy upon request. You may also get a current copy from our Privacy/Compliance Officer (see Section V) or view it on our website at [www.chemedhealth.org](http://www.chemedhealth.org).

### **II. Special Notice for Substance Use Disorder (SUD) Information**

If you receive SUD services from CHEMED (or if CHEMED maintains records of your substance use disorder treatment), some of your health information is protected under a federal law called 42 CFR Part 2 ("Part 2"). Part 2 provides additional confidential protections beyond standard HIPAA rules.

- Under the 2024 Part 2 Final Rule, you may give a single written consent for CHEMED to disclose your SUD records for Treatment, Payment, and Health Care Operations (TPO).
- Once you give that consent, CHEMED or other HIPAA-covered entities that receive your Part 2 records may re-disclose them under HIPAA rules—but your Part 2 protections may no longer apply to those re-disclosures.
- Your SUD information generally cannot be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless (a) you give specific, separate written consent, or (b) a court issues a Part 2 court order allowing it.
- Your SUD information will only be used or disclosed based on a court order after you or we have been provided with notice and an opportunity to be heard.



- A court order authorizing use or disclosure must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the record will be used or disclosed.
- You have the right to ask us for an accounting of certain SUD-related disclosures made with your consent over the prior 3 years.
- If we use or disclose SUD records for fundraising, we will give you a clear, conspicuous opportunity to opt out of fundraising communications.
- We must notify you if there is a breach of your unsecured SUD information under HIPAA's Breach Notification Rule.
- You may file a complaint with us and also with HHS (Office for Civil Rights) if you believe we violated your SUD confidentiality rights— and we cannot retaliate against you for filing a complaint.

### III. How We May Use and Disclose Your PHI (Including SUD Information)

We use and disclose PHI (including Part 2/SUD information) for certain permitted purposes. Below are categories of uses and disclosures, plus special rules for SUD information.

#### A. Uses and Disclosures Without Your Written Authorization.

We may use and disclose your PHI without your authorization for the following reasons:

- 1. For treatment.** We may disclose your PHI to hospitals, physicians, nurses, and other health care personnel in order to provide, coordinate or manage your health care or any related services, except where the PHI is related to HIV/AIDS, genetic testing, or federally funded drug or alcohol abuse treatment facilities, or where otherwise prohibited pursuant to State or Federal law. For example, if you're being treated for a knee injury, we may disclose your PHI to an x-ray technician in order to coordinate your care.
- 2. To obtain payment for treatment.** We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. For example, we may provide portions of your PHI to our billing staff and your health plan to get paid for the health care services we provided to you. We may also disclose patient information to another provider involved in your care for the other provider's payment activities.
- 3. For health care operations.** We may disclose your PHI, as necessary, to operate our organization. For example, we may use your PHI in order to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided health care services to



you. We may also provide your PHI to our accountants, attorneys, consultants, and others in order to make sure we're complying with the laws that affect us.

**4.** When a disclosure is required by federal, state or local law, judicial or administrative proceedings, or law enforcement. For example, we may disclose PHI when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence; when dealing with gunshot or other wounds; for the purpose of identifying or locating a suspect, fugitive, material witness or missing person; or when subpoenaed or ordered in a judicial or administrative proceeding.

**5.** For public health activities. For example, we may disclose PHI to report information about births, deaths, various diseases, adverse events and product defects to government officials in charge of collecting that information; to prevent, control, or report disease, injury or disability as permitted by law; to conduct public health surveillance, investigations and interventions as permitted or required by law; or to notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease as authorized by law.

**6.** For health oversight activities. For example, we may disclose PHI to assist the government or other health oversight agency with activities including audits; civil, administrative, or criminal investigations, proceedings or actions; or other activities necessary for appropriate oversight as authorized by law.

**7.** To coroners, funeral directors, and for organ donation. We may disclose PHI to organ procurement organizations to assist them in organ, eye, or tissue donations and transplants. We may also provide coroners, medical examiners, and funeral directors necessary PHI relating to an individual's death.

**8.** For research purposes. In certain circumstances, we may provide PHI in order to conduct medical research.

**9.** To avoid harm. In order to avoid a serious threat to the health or safety of you, another person, or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.

**10.** For specific government functions. We may disclose PHI of military personnel and veterans in certain situations. We may also disclose PHI for national security and intelligence activities.

**11.** For workers' compensation purposes. We may provide PHI in order to comply with workers' compensation laws.



**12. Appointment reminders and health-related benefits or services.** We may use PHI to provide appointment reminders or give you information about treatment alternatives, or other health care services or benefits we offer. Please let us know if you do not wish to have us contact you for these purposes, or if you would rather we contact you at a different telephone number or address.

**B. Uses and Disclosures Where You to Have the Opportunity to Object:**

**1. Disclosures to family, friends, or others.** We may PHI with family, friends, or others that you indicate are involved in your care or payment, unless you object or limit us.

**C. Uses and Disclosures That Require Your Authorization.** Except for the categories above and the special Part 2 TPO consent, we will ask for your written authorization before using or disclosing your PHI. You can later revoke your authorization in writing except to the extent that we have taken action in reliance upon the authorization.

**1. Authorization for Marketing Communications.** We will obtain your written authorization prior to using or disclosing your PHI for marketing purposes, except in certain face-to-face situations or nominal gifts. In addition, as long as we are not paid to do so, we may communicate with you about products or services relating to your treatment, case management or care coordination, or alternative treatments, therapies, providers or care settings. We may use or disclose PHI to identify health-related services and products that may be beneficial to your health and then contact you about the services and products.

**2. Sale of PHI.** We will disclose your PHI in a manner that constitutes a sale only upon receiving your prior authorization. Sale of PHI does not include a disclosure of PHI for: public health purposes; research; treatment and payment purposes; sale, transfer, merger or consolidation of all or part of our entity and for related due diligence activities; the individual; disclosures required by law; any other purpose permitted by and in accordance with HIPAA.

**3. Fundraising Activities.** We may use certain information to contact you regarding fundraising efforts but you can tell us not to contact you again.

**D. Incidental Uses and Disclosures.** Incidental uses and disclosures of information may occur. An incidental use or disclosure is a secondary use or disclosure that cannot reasonably be prevented, is limited in nature, and that occurs as a by-product of an otherwise permitted use or disclosure. However, such incidental uses or disclosure are permitted only to the extent that we have applied reasonable safeguards and do not disclose any more of your PHI than is necessary to accomplish the permitted use



or disclosure. For example, disclosures about a patient within the office that might be overheard by persons not involved in your care would be permitted.

**E. Business Associates.** We may engage certain persons to perform certain of our functions on our behalf and we may disclose certain health information to these persons. For example, we may share certain PHI with our billing company or computer consultant in order to facilitate our healthcare operations or payment for services provided in connection with your care. We will require our business associates to enter into an agreement to keep your PHI confidential and to abide by certain terms and conditions.

**F. Part 2 (SUD)-Specific Uses and Disclosures.** As noted above, with your consent, we may use and disclose your SUD records for TPO, and they may be re-disclosed under HIPAA. We will provide each recipient, at the time of disclosure under consent, either a copy of your consent or a clear explanation of its scope (including whether re-disclosures are permitted). If we wish to use your SUD information for fundraising, we will only do so if you are first given an opportunity to opt out. In legal proceedings (civil, criminal, administrative, legislative), we will only share SUD records against you if you give separate, explicit written consent or a court order under Part 2 is entered.

#### **IV. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI (INCLUDING SUD INFORMATION)**

You have the following rights with respect to your PHI:

**A. The Right to Request Restrictions.** You can ask us to limit how we use or disclose your PHI (including SUD records). You may not limit the uses and disclosures that we are legally required to make. We will consider your request but are not legally required to accept it. Notwithstanding the foregoing, you have the right to ask us to restrict the disclosure of your PHI to your health plan for a service we provide to you where you have directly paid us (out of pocket, in full) for that service, in which case we are required to honor your request. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. Under certain circumstances, we may terminate our agreement to a restriction.

**B. The Right to Choose How We Send PHI to You.** You have the right to ask that we send information to you at an alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example, via e-mail instead of regular mail). We must agree to your request so long as we can easily provide it in the manner you requested.



**C. The Right to See and Get Copies of Your PHI.** In most cases, you have the right to look at or get copies of your PHI (including SUD records) that we have, but you must make the request in writing. If we don't have your PHI but we know who does, we will tell you how to get it. We will respond to you within 30 days after receiving your written request. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed.

If you request a copy of your information, we will charge you \$1 per page or other reasonable fees for the costs of copying, mailing or other costs incurred by us in complying with your request. Instead of providing the PHI you requested, we may provide you with a summary or explanation of the PHI as long as you agree to that and to the cost in advance. Note also that, you have the right to access your PHI in an electronic format (to the extent we maintain the information in such a format) and to direct us to send the e-record directly to a third party. We may charge for the labor costs to transfer the information; and charge for the costs of electronic media if you request that we provide you with such media.

**\*\*Please note, if you are the parent or legal guardian of a minor, certain portions of the minor's records may not be accessible to you. For example, records relating to care and treatment to which the minor is permitted to consent himself/herself (without your consent) may be restricted unless the minor patient provides an authorization for such disclosure. \*\***

**D. The Right to Get a List of the Disclosures We Have Made.** You have the right to get a list of instances in which we have disclosed your PHI. The list will not include uses or disclosures made for purposes of treatment, payment, or health care operations, those made pursuant to your written authorization, or those made directly to you or your family. The list also won't include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, or prior to April 14, 2003. You can request a list of disclosures of your SUD information made with your consent in the last 3 years.

We will respond within 60 days of receiving your written request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. We will provide one (1) list during any 12-month period without charge, but if you make more than one request in the same year, we will charge you \$10 for each additional request. To the extent that we maintain your PHI in electronic format, we will account all disclosures including those made for treatment, payment and health care operations. Should you request such an accounting of your electronic PHI, the list will include the disclosures made in the last three years.



**E. The Right to Receive Notice of a Breach of Unsecured PHI.** You have the right to receive notification of a "breach" of your unsecured PHI.

**F. The Right to Correct or Update Your PHI.** If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request, in writing, that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. We will respond within 60 days of receiving your request in writing. We may deny your request if the PHI is (i) correct and complete, (ii) not created by us, (iii) not allowed to be disclosed, or (iv) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file one, you have the right to have your request and our denial attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, tell you that we have done it, and tell others that need to know about the change to your PHI.

**G. The Right to a Copy of this Notice.** You can get a paper or electronic copy of this Notice at any time.

**H. Right to Opt Out of Fundraising Communications.** You can choose not to receive fundraising requests.

**I. Right to File a Complaint.** If you believe your privacy rights have been violated (including under Part 2), you may file a complaint with us or with the U. S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you.

#### **V. HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES.**

If you have questions about this Notice or want to file a complaint, contact:

Compliance/Privacy Officer

CHEMED

Phone: 732-364-2144, ext. 5206.

Address: 1771 Madison Avenue, Lakewood, NJ 08701

Email: [cwerblowsky@chemedhealth.org](mailto:cwerblowsky@chemedhealth.org)

If you prefer, you may file a complaint with the U.S. Department of Health and Human Services at 200 Independence Ave., S.W.; Room 615F; Washington, DC 20201.

#### **VI. OUR COMMITMENT TO YOU**



We respect the need to maintain the confidentiality of your care. We are required to follow the terms of the notice currently in effect. If we make changes to how we manage your records, we will change our notice and provide you with a new notice at your next visit if you are still receiving care. If you are no longer receiving care from us, you may request an updated copy of our notice or you may find the most recent notice in effect on our website: [www.chemedhealth.org](http://www.chemedhealth.org). We will also post any materially revised notice on our website and provide a copy upon request.

**VII. EFFECTIVE DATE OF THIS NOTICE**

REVISED NOTICE - EFFECTIVE DECEMBER 1, 2025