



BHRAGS HOME CARE, CORP.
NOTICE OF PRIVACY PRACTICES

**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.**

Client Name:	
Address:	

WE ARE COMMITTED TO YOUR PRIVACY

At BHRAGS Home Care, Corp. (BHRAGS, the Organization, we, our or us) we are dedicated to protecting your protected health information (PHI), which includes any identifiable information about your past, present, or future health conditions, treatments, or payments. As required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), we must maintain the privacy of your health information and provide you with this Notice of Privacy Practices. This document explains how we may use and share your PHI. We will only use or share your health information as described in this notice. You will be asked to sign an acknowledgment that you have received this document.

WHO WILL FOLLOW THIS NOTICE

This notice applies to anyone who works for BHRAGS, including employees, contractors authorized to access your medical records, and approved volunteers who assist you.

USE OR DISCLOSURE OF PHI

The Organization understands that PHI about you and your health is personal. The Organization is committed to protecting your PHI. The Organization will create a record of the care and services you receive from the Organization. This record is necessary in order to provide you with quality care and to comply with legal requirements. This Notice applies to all of the records of your care generated by the Organization.

This Notice will tell you about the ways in which the Organization may use and disclose your PHI. This Notice also describes your rights and certain obligations of the Organization regarding the use and disclosure of your PHI.

The Organization is required by HIPAA and the Mega Rule to:

- inform patients that they have the right to be notified of a data breach;
- request PHI authorization for:
 - *Psychotherapy notes (where appropriate)*
 - *Use and disclosure for Marketing purposes*
 - *Sale of PHI*
 - *Any other reasons not described in this Notice*
- maintain the privacy of your PHI in compliance with legal requirements;
- give you this Notice of the Organization legal duties and privacy practices with respect to your PHI; and



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- follow the terms of this Notice that are currently in effect.

Generally, the Organization may not use or disclose your PHI without your permission, except as otherwise permitted under HIPAA or other applicable law. Further, once your permission has been obtained, the Organization must use or disclose your PHI in accordance with the specific terms of your permission. The following are the circumstances under which the Organization is permitted by law to use or disclose your PHI.

**THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND
PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED
AFTER YOU HAVE PROVIDED YOUR WRITTEN CONSENT**

You may revoke your authorization at any time. If you revoke your authorization in writing we will no longer use or disclose your clinical information for the reasons stated in your authorization. We cannot, however, take back disclosures we made before you revoked and we must retain clinical information that indicates the services we have provided to you

To Provide Treatment: The Organization 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 the Organization in coordinating care.

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

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

- 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 review and performance evaluation.
- 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.

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- Business planning and development including cost management and planning related analyses and formulary development.
- Business management and general administrative activities of the Organization .
- Fund raising for the benefit of the Organization and certain marketing activities.

For example the Organization may use your health information to evaluate its staff performance, combine your health information with other Organization patients in evaluating how to more effectively serve all Organization patients, disclose your health information to Organization 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 and community information mailings (unless you tell us you do not want to be contacted).

For Appointment Reminders: The Organization 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: The Organization 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 BE USED AND DISCLOSED
WITHOUT FIRST RECEIVING YOUR WRITTEN CONSENT**

When Legally Required: The Organization 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: The Organization 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: The Organization is allowed to notify government authorities if the Organization believes a patient is the victim of abuse, neglect or domestic violence. The Organization will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.



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To Conduct Health Oversight Activities: The Organization may disclose your health information to a health oversight Organization for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. The Organization, 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: The Organization 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 the Organization 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, the Organization 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 the Organization has a suspicion that your death was the result of criminal conduct including criminal conduct at the Organization.
- In an emergency in order to report a crime.

To Coroners And Medical Examiners: The Organization 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: The Organization 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, the Organization may disclose your health information prior to and in reasonable anticipation of your death.

For Organ, Eye Or Tissue Donation: The Organization may use or disclose information to an organ procurement or transplant Organization or other similar entity.

In the Event of A Serious Threat To Health Or Safety: The Organization may, consistent with applicable law and ethical standards of conduct, disclose your health information if the Organization, 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 the Organization to use or disclose your health information to facilitate specified government functions relating to military and veterans,



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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: The Organization may release your health information for worker's compensation or similar programs.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than is stated above, the Organization will not disclose your health information other than with your written authorization. If you or your representative authorizes the Organization 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

NEW YORK STATE LAW MAY BE MORE STRINGENT THAN HIPAA

Certain provisions of NYS law may be more stringent than HIPAA or may be, in the future, determined to be more stringent than HIPAA. If such provisions are more stringent than HIPAA, then, according to HIPAA, the Organization must comply with the more stringent provisions of the New York law.

You have the following rights regarding your health information that the Organization 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 the Organization's disclosure of your health information to someone who is involved in your care or the payment of your care. However, the Organization is not required to agree to your request. If you wish to make a request for restrictions, please contact the Organization's Privacy Officer.

Right to receive confidential communications: You have the right to request that the Organization communicate with you in a certain way. For example, you may ask that the Organization 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 Organization's Privacy Officer. The Organization will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communication

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 the Organization's Privacy Officer. If you request a copy of your health information, the Organization may charge a reasonable fee for copying and assembling costs associated with your request.



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Right to amend health care information: You or your representative have the right to request that the Organization 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 the Organization. A request for an amendment of records must be made in writing to the Organization's Privacy Officer. The Organization 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 the Organization, if the records you are requesting are not part of the Organization's 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 Organization, the records containing your health information are accurate and complete.

Right to an Accounting of Certain Disclosures: You or your representative have the right to request an accounting of disclosures of your health information made by the Organization for any reason other than for treatment, payment or health operations. The request for an accounting must be made in writing to the Organization's Privacy Officer. 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. The Organization 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. The Organization will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

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 Organization's Privacy Officer.

DUTIES OF THE Organization

The Organization 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. The Organization is required to abide by the terms of this Notice as may be amended from time to time. The Organization 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 the Organization changes its Notice, the Organization 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 the Organization and to the Secretary of the Department of Health and Human Services (DHHS) if you or your representative believe that your privacy rights have been violated. Any complaints to the Organization should be made in writing to the Organization's Privacy Officer. The Organization 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.



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CONTACT PERSON
If you have questions about this notice, you can contact the BHRAGS Director of Patient Services or the Privacy Officer. For all issues regarding patient privacy and your rights under federal standards, the designated contact is the Organization's 's Privacy Officer. You can reach them at: • Address: 2005 Nostrand Avenue, Brooklyn, NY 11210 (Attention: Privacy Officer) • Phone: (718) 345-5940 ext. 255 (To remain anonymous, dial *67 before the number.) • Email: compliancehotline@bhrags.org

Effective Date: This Notice is effective September 1, 2025.