

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.

Effective date: September 28, 2026

Generation Home Health is required by law to protect the privacy of your health information. This notice explains how we may use and share your information, your rights, and our responsibilities. If you have questions, contact our Privacy Officer (see the end of this notice).

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We must give you this notice of our legal duties and privacy practices, and follow the notice that is currently in effect.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We will not use or share your information other than as described here unless you tell us we can in writing. You may change your mind at any time by telling us in writing, except for actions we have already taken based on your permission.

How We May Use and Share Your Health Information

For treatment. We use your information to provide your care and share it with others who are treating you.

Example: your nurse updates your physician about a change in your condition, or we coordinate with your pharmacy, medical equipment supplier, or hospital.

For payment. We use and share your information to bill and get paid by Medicare, Medicaid, and other insurers.

Example: we give your insurer information about your visits so it will pay for your care, or we confirm your coverage before care begins.

For health care operations. We use and share your information to run our agency and improve your care.

Example: we review records to check the quality of care, report required assessment (OASIS) data to the Centers for Medicare & Medicaid Services, train staff, or take part in surveys and accreditation reviews.

With people involved in your care. We may share information with a family member, friend, or other person you identify who is involved in your care or helps pay for it, and to help with disaster relief. You may tell us not to. If you are not able to tell us your preference, for example in an emergency, we may share information if we believe it is in your best interest.

With our business associates. We may share information with companies that perform services for us, such as our electronic health record and billing vendors. They must sign an agreement to protect your information.

Other uses and disclosures allowed or required by law

We may also share your information without your written permission, as permitted by law, for these purposes:

- **As required by law**, including to the U.S. Department of Health and Human Services if it wants to see that we are complying with federal privacy law.
- **Public health and safety**, such as preventing disease, reporting adverse reactions to medications or problems with products, and helping with product recalls.
- **Reporting abuse, neglect, or domestic violence** to the government authorities authorized to receive these reports, as Ohio law requires.
- **Health oversight**, such as inspections, surveys, audits, and investigations by the Ohio Department of Health, Medicare, or Medicaid.
- **Lawsuits and legal actions**, in response to a court or administrative order, or a subpoena that meets legal requirements.
- **Law enforcement**, for purposes such as identifying or locating a suspect or missing person, or reporting a crime, as the law allows.
- **To prevent a serious threat** to the health or safety of you, another person, or the public.

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- **Coroners, medical examiners, and funeral directors**, when a patient dies.
- **Organ and tissue donation** organizations.
- **Research**, when the research has been approved through a process that protects your privacy.
- **Workers' compensation** claims.
- **Special government functions**, such as military, national security, and presidential protective services.

Uses that require your written permission

We will not do the following without your written authorization: share most psychotherapy notes, use or share your information for marketing, or sell your information. Any other use or disclosure not described in this notice also requires your written authorization, which you may revoke in writing at any time.

Information with extra protection

Some information has extra protection under Ohio or federal law, such as HIV test results, certain mental health information, and substance use disorder treatment records. When another law gives your information more protection, we follow that law.

Substance use disorder treatment records. If we receive records from a substance use disorder treatment program covered by federal law (42 CFR Part 2), we will protect them as that law requires. Those records, and testimony describing what is in them, will not be used or shared in any civil, criminal, administrative, or legislative proceeding against you unless you give written consent or a court orders it after you are given notice and an opportunity to be heard, as that law requires.

Fundraising

Generation Home Health does not use your health information, including any substance use disorder treatment records, for fundraising. If this changes, we will update this notice first and you will have the right to tell us not to contact you.

Your Rights

To use any of these rights, contact our Privacy Officer.

- **Get a copy of your health records.** You may ask to see or get a paper or electronic copy of your medical and billing records. We will respond within 30 days and may charge a reasonable, cost-based fee.
- **Ask us to correct your records.** You may ask us to correct information you think is wrong or incomplete. We may say no, but we will tell you why in writing within 60 days.
- **Ask for confidential communications.** You may ask us to contact you in a specific way (for example, a different phone number) or at a different address. We will agree to all reasonable requests.
- **Ask us to limit what we use or share.** You may ask us not to use or share certain information for treatment, payment, or operations. We are not required to agree, and we may say no if it would affect your care. If you pay for a service or item out of pocket in full, you may ask us not to share that information with your health insurer for payment or operations, and we will agree unless a law requires us to share it.
- **Get a list of those with whom we have shared information.** You may ask for a list of the times we shared your information in the six years before your request, who we shared it with, and why. The list will not include disclosures for treatment, payment, and operations, and certain others. We will provide one list a year for free and may charge a reasonable, cost-based fee for more.
- **Get a paper copy of this notice** at any time, even if you agreed to receive it electronically.
- **Choose someone to act for you.** If you have a legal guardian or have given someone health care power of attorney, that person can use your rights and make choices about your health information.
- **File a complaint if you believe your rights have been violated** (see below).

Complaints

You may file a complaint with our Privacy Officer, or with the U.S. Department of Health and Human Services Office for Civil Rights, 200 Independence Avenue SW, Washington, DC 20201; 1-800-368-1019; www.hhs.gov/ocr/complaints. **We will not retaliate against you for filing a complaint.**



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Changes to This Notice

We may change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available on request, in our office, and on our website, and we will give you a copy at your next visit after a change.

Privacy Officer

Karen Keller, Privacy Officer

Generation Home Health · 43 E College Ave, Westerville, OH 43081 · (740) 348-1330

Free language help and communication aids

Generation Home Health provides language assistance services and appropriate auxiliary aids and services free of charge. If you need an interpreter, translated documents, sign language, large print, braille, or other help to communicate with us, tell your nurse or call (740) 348-1330 (TTY 711).

Language	Notice
Spanish Español	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al (740) 348-1330 (TTY: 711) o hable con su proveedor.
Chinese (Simplified) 中文	注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 (740) 348-1330 (文本电话：711) 或咨询您的服务提供商。
German Deutsch	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie (740) 348-1330 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.
Arabic العربية	تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم (740) 348-1330 (TTY: 711) أو تحدث إلى مقدم الخدمة.
Pennsylvania German Pennsylvanisch Deutsch	ACHTUNG: Wann du Pennsylvanisch Deutsch schwetzsch, sin Hilfsdienst fer die Sprooch fer dich gratis verfügbar. Passende Hilfsmittel un Diensch, fer Informatione in zugängliche Formate ze gebbe, sin aa gratis verfügbar. Ruf (740) 348-1330 (TTY: 711) oder schwetz mit dein Anbieter.
Russian Русский	ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону (740) 348-1330 (TTY: 711) или обратитесь к своему поставщику услуг.
French Français	ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le (740) 348-1330 (TTY : 711) ou parlez à votre fournisseur.
Vietnamese Việt	LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số (740) 348-1330 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.
Somali Soomaali	FIIRO GAAR AH: Haddaad ku hadasho Soomaali, adeegyo kaalmada luuqadda ah oo bilaash ah ayaad heli kartaa. Qalab caawinaad iyo adeegyo oo habboon si loogu bixiyo macluumaadka qaabab la adeegsan karo ayaan sidoo kale bilaa lacag heli karaa. Wac (740) 348-1330 (TTY: 711) ama la hadal bixiyahaaga.
Korean 한국어	주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. (740) 348-1330(TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.
Italian Italiano	ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama il (740) 348-1330 (tty: 711) o parla con il tuo fornitore.
Japanese 日本語	注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。(740) 348-1330 (TTY : 711) までお電話ください。または、ご利用の事業者にご相談ください。
Dutch Nederlands	LET OP: als je Nederlands spreekt, zijn er gratis taalhulpdiensten voor je beschikbaar. Passende hulpmiddelen en diensten om informatie in toegankelijke formaten te verstrekken, zijn ook gratis beschikbaar. Bel (740) 348-1330 (tty: 711) of spreek met je provider.
Ukrainian Українська	УВАГА: Якщо ви розмовляєте українською мовою, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером (740) 348-1330 (TTY: 711) або зверніться до свого постачальника.



Language Assistance

Language	Notice
Nepali नेपाली	सावधान: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि निःशुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायता र सेवाहरू पनि निःशुल्क उपलब्ध छन्। (740) 348-1330 (TTY: 711) मा फोन गर्नुहोस् वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्।

Large print, braille, and audio versions of this notice are available on request.