GENERATION HEALTHCARE
Home Health • Hospice

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 9/28/2026

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.

- **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.**

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

Name Karen Keller

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