



NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE: 01/01/2026

LAST REVIEWED DATE: 10/3/2025

Accra is committed to protecting the confidentiality of your medical information and is required by law to do so. This notice describes how we may use your medical information within Accra and how we may disclose it to others outside Accra. This notice also describes the rights you have concerning your own medical information. Please review it carefully and let us know if you have questions. Please note that incarcerated clients do not have the right to notice under this section.

This Notice of Privacy Practices applies to all Accra workforce members and clients served by Accra. Accra may share your medical information with other health care providers for treatment, payment, and health care operations. This arrangement is for sharing information only and not for any other purpose.

HOW WE USE AND DISCLOSE YOUR MEDICAL INFORMATION

Treatment

1. We may use your medical information to provide you with medical services and supplies. We may also disclose your medical information to others who need that information to treat you, such as doctors, physician assistants, nurses, medical and nursing students, technicians, therapists, emergency service and medical transportation providers, medical equipment providers, and other healthcare facilities involved in your care. For example, we will allow your physician to have access to your medical record to assist in your treatment and for follow-up care.
2. We also may use and disclose your medical information to contact you to remind you of an upcoming appointment, inform you about possible treatment options or alternatives, or tell you about health-related services available to you.
3. Certain uses and disclosures of your medical information require client authorization. Other uses and disclosures not described in the notice will be made only with the individual's authorization.

Payment

We may use and disclose your medical information to get paid for the medical services and supplies we provide to you. For example, your health plan or health insurance company may ask to see parts of your medical record before they will pay us for your services.

Operations

We may use and disclose your medical information if it is necessary to improve the quality of care we provide to clients. We may use your medical information to conduct quality improvement activities, obtain audits, accounting, or legal services, or conduct business management and planning.

Family Members and Others Involved in Your Care

We may disclose your medical information to a family member or friend who is involved in your medical care or to someone who helps pay for your care provided there is written authorization.

Research

We may use or disclose your medical information for research projects, such as studying the effectiveness of a treatment you received. These research projects must go through a special process that protects the confidentiality of your medical information.

Required by Law

Federal, state, or local laws sometimes require us to disclose clients' medical information. For instance, we are required to report child abuse or neglect, vulnerable adults and must provide certain information to law enforcement officials in domestic violence cases. We also are required to give information to Workers' Compensation programs for work-related injuries.

Public Health

We also may report certain medical information for public health purposes. For instance, we are required to report communicable diseases to the state government.

Public Safety

We may disclose medical information for public safety purposes in limited circumstances. We may disclose medical information to law enforcement officials in response to a search warrant or a grand jury subpoena. We also may disclose medical information to assist law enforcement officials in identifying or locating a person, to prosecute a crime of violence, to report deaths that may have resulted from criminal conduct, and to report criminal conduct within Accra. We also may disclose your medical information to law enforcement officials and others to prevent a serious threat to health or safety.

Health Oversight Activities

We may disclose medical information to a government agency that oversees Accra or its workforce members, such as the State Department of Health Services, federal agencies that oversee Medicare, Board of Medical Examiners or Board of Nursing. These agencies need medical information to monitor Accra's compliance with state and federal laws.

Coroners, Medical Examiners, and Funeral Directors

We may disclose information concerning deceased patients to coroners, medical examiners, and funeral directors to assist them in carrying out their duties.

Military, Veterans, National Security, and Other Government Purposes

If you are a member of the armed forces, we may release your medical information as required by military command authorities or to the Department of Veterans Affairs. Accra may also disclose medical information to federal officials for intelligence and national security purposes or for presidential protective services.

Organ and Tissue Donation

We may disclose medical information to organizations that handle organ, eye, or tissue donation or transplantation.

Judicial Proceedings

Accra may disclose medical information if ordered to do so by a court or if a subpoena or search warrant is served. You will receive advanced notice about this disclosure in most situations so you will have a chance to object to sharing your medical information.

Information with Additional Protection

Certain types of medical information have additional protection under state and federal law. For instance, medical information about communicable diseases and HIV/AIDS, drug and alcohol abuse treatment, genetic testing, and evaluation and treatment for a serious mental illness are treated differently than other types of medical information. For those types of information, Accra is required to get your permission before disclosing that information to others in many circumstances.

Restrictions on Disclosure of PHI to a Health Plan

Accra must abide by a request to restrict disclosure of PHI to a health plan if the disclosure is for payment or health care operations and pertains to a health care item or service for which the individual has paid in full out-of-pocket.

Other Uses and Disclosures

If Accra wishes to use or disclose your medical information for a purpose not discussed in this notice, Accra will seek your authorization. If you give your authorization, you may revoke that authorization at any time unless we have already relied on your authorization to use or disclose information. If you would ever like to revoke your authorization, please notify the Accra Compliance Team ("Compliance") in writing.

WHAT ARE YOUR RIGHTS?***Right to Request Your Medical Information***

You have the right to look at your own medical information and get a copy of that information. Please note that exceptions may apply as provided by law. (The law requires us

to keep the original record.) This includes your medical record, billing record, and other records we use to make decisions about your care. To request your medical information, a written request must be emailed or mailed to Records Request (contact information at the end of this Notice). If you request a copy of your information, there may be a charge for our costs to copy the information. We will tell you in advance what this cost for copying may be. You can look at your records at no cost.

Right to Request Amendment of Medical Information You Believe is Erroneous or Incomplete

If you examine your medical information and believe some of the information is wrong or incomplete, you may ask us to amend your record. To ask us to amend your medical information, submit a written request to Compliance.

Right to Get a List of Certain Disclosures of Your Medical Information

You have the right to request a list of many of the disclosures we make of your medical information. If you would like to receive such a list, submit a written request to Compliance. We will provide the first list to you for free, but we may charge you for any additional lists you request during the same year. We will tell you in advance what this list will cost.

Right to Request Restrictions on How Accra Will Use or Disclose Your Medical Information for Treatment, Payment, or Health Care Operations

You have the right to ask us NOT to make uses or disclosures of your medical information to treat you, seek payment for care, or operate the system. We are not required to agree to your request, but if we do agree, we will comply with that agreement. If you want to request a restriction, write to Compliance or the Privacy Officer and describe your request in detail.

Accra is required to agree to a request to restrict disclosure of PHI to a health plan if the disclosure is for payment or health care operations and pertains to a health care item or service for which the patient has paid in full out-of-pocket.

Right to Request Confidential Communications

You have the right to ask us to communicate with you in a way you feel is more confidential. For example, you can ask us not to call your home, but to communicate only by mail. To do this, please discuss it with your care professional/team or submit a written request to Compliance or the Privacy Officer. You can also ask to speak with your health care providers in private – just ask them.

Right to be Notified Following a Breach of Unsecured PHI

You have the right and will be notified if your medical information has been breached.

CHANGES TO THIS NOTICE

From time to time, we may change our practices concerning how we use or disclose client medical information or how we will implement client rights concerning their information. We

reserve the right to change this notice and make the provisions in our new Notice effective for all medical information we maintain. If we change these practices, we will publish a revised Notice of Privacy Practices. A copy of our current Notice of Privacy Practices is available upon request and on our website.

DO YOU HAVE CONCERNS OR COMPLAINTS?

1. Please tell us about any problems or concerns you have with your Privacy Rights or how Accra uses or discloses your medical information. If you have a privacy concern, please contact your Care Professional/Team.
2. If, for some reason, Accra cannot resolve your concern, you may also file a complaint with the federal government.

Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201

3. We will not penalize you or retaliate against you in any way for filing a complaint with the federal government.

DO YOU HAVE QUESTIONS?

Accra is required by law to give you this notice and follow the terms of the notice currently in effect. If you have any questions about this notice or have further questions about how Accra may use and disclose your medical information, please contact your Care Professional/Team or Compliance.

Address for Compliance / Records Request

*12600 Whitewater Dr. Suite 100
Minnetonka, MN 55343*

Email address for Compliance

clientevent@accracare.org

Email address for Records Request

recordsrequest@accracare.org

Phone for Compliance / Records Request

866-935-3515

Website

<https://www.accrahomecare.org/>