



Forefront Telecare, Inc.

Notice of Privacy Practices

This notice describes how your medical information may be used and disclosed and how you can get access to this information. Please review it carefully.

We are Committed to Your Privacy

Forefront Telecare, Inc. is committed to maintaining the privacy and confidentiality of your health information. We will only use or disclose (share) your health information as described in this Notice.

Who Follows This Notice

This is a Notice that is followed by all employees, providers, and agents of Forefront Telecare, Inc. and its affiliated entities (collectively "Forefront").

If Forefront professionals provide you with treatment or services at other locations, for example, at a skilled nursing facility or hospital, the Notice of Privacy Practices you receive there will also apply.

How We May Use and Disclose (Share) Your Health Information

The following sections describe different ways that we may use and disclose your health information. Some information, such as certain drug and alcohol information, HIV information, genetic information and mental health information is entitled to special restrictions under state and federal law related to its use and disclosure. We will follow any of these special restrictions.

Certain uses or disclosures of your health information are permitted by law without your specific authorization, in the manner we list below. We have not listed every use or disclosure in each category but have provided some examples to help you understand.

Treatment. We may use and disclose your health information to our staff and others who are involved in your care in order to provide your treatment and services. We may also provide your practitioner and other healthcare providers with copies of your health information that may assist in your care after you are discharged from Forefront's care. For example, a doctor treating you for a behavioral health condition may need to know what medications you are currently taking because those medications may affect what other medications may be prescribed to you. Also, information obtained by a member of your team will be recorded in your health record and used to determine the course of treatment that should work best for you. Depending on your particular state's laws, we may also share your information with your treating providers outside of Forefront so that your care is coordinated among the providers. In that way, the team will know how you are responding to treatment.

Payment. We may use and disclose your health information so that the treatment and services you receive from Forefront may be billed to an insurance company or a third-party payer on your behalf. We may also provide your health insurer with information to obtain prior approval for coverage of diagnostic and treatment services. We may also disclose your information to family members, guardians, or other individuals who pay for your care. For example: A bill may be sent to your health insurance company or another third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and the medications and supplies used in your care.

Health Care Operations. We may use and disclose your health information for routine health operations necessary to run our business, which ensures that our patients receive high quality care. For example: Members of the health care team or quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

Business Associates. There are some clinical, business or quality management services that Forefront provides through contracts with third parties (business associates). Examples may include laboratory services, quality management experts, some billing services, and our consultants and attorneys. When these services are contracted, we may disclose your health information to the extent necessary to our business associates so they can perform the job we've asked them to do. To protect your health information, however, we require our business associates to sign a contract stating that your health information will be appropriately safeguarded by them.

Individuals Involved in Your Care. Unless you tell us in advance not to do so, we may disclose your health information, using our best judgment, to a family member or friend who is involved in your care. Upon inquiry, we may disclose to others that you are being treated by Forefront, and we may provide a summary of your condition or status if requested.

Health Information Exchanges. Forefront may participate in one or more health information exchanges (HIE), where we may share your health information, as allowed by law, to other health care providers or entities for coordination of your care. This allows health care providers at different facilities participating in your treatment to have the information needed to treat you. If you do not want Forefront to share your information in an HIE, you can opt out by contacting Forefront's Privacy Officer (contact information below).

Research. Under certain circumstances, we may use or disclose your health information for medical research purposes. However, for most uses or disclosures for research, your written authorization will be required.

Appointment Reminders. We may use and disclose health information to you by telephone or email, and provide an appointment reminder for services by Forefront.

Treatment Alternatives. We may use and disclose your health information to inform you about possible treatment alternatives or other health-related benefits and services that may be of interest to you.

Abuse and Neglect Reporting. We may disclose your health information to a government authority that is permitted by law to receive reports of abuse, neglect or domestic violence.

Lawsuits and Other Legal Proceedings. We may disclose health information to courts, attorneys and court employees in the course of conservatorship, writs and certain other judicial or administrative proceedings. We may also disclose health information about you in response to a court or administrative order, or in response to a subpoena, discovery request, warrant or other lawful process.

Fundraising and Marketing. We may contact you or your family as part of a Forefront fund-raising effort, but we shall only use general demographic information such as your name and address in any such communications. You have a right to choose not to receive these communications and we will tell you how to cancel them.

Worker's Compensation. We may disclose your health information to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

Disaster Relief Efforts. We may disclose health information about you to an entity assisting in a disaster relief effort so that others can be notified about your condition, status and location.

Public Health. As required by law, we may use and disclose your health information for public health activities including: disease, injury, or disability prevention or control; disease or infection exposure reporting; birth and death reporting; child abuse or neglect reporting; domestic violence reporting; medication reactions; problems with products or adverse events.

As Required By Law. We may use and disclose your health information in other ways when required by federal, state or local laws. Also, when state law concerning your health information provides you with more protection than the federal laws, we will follow those laws.

Governmental and Accreditation Body Oversight. Your health information may be released or disclosed to an authorized federal, state, or local licensing, public safety, investigative agency, or to an external accrediting body. Such agencies may review your health information during the course of their investigations, surveys, inspections, and other related activities to ensure the safety and quality of our services.

Organ and Tissue Donation. If you are an organ donor, we may release your health information to organizations that obtain, bank or transplant organs, eye or tissue, as necessary to facilitate organ or tissue donation and transplantation.

Averting Serious Threat To Health Or Safety. We may use and disclose your health information when necessary to prevent a serious health or safety threat to you or others. We will only disclose the information to someone able to help prevent the threat.

Funeral Directors, Coroners, And Medical Examiners. We may disclose your health information to funeral directors, coroners, and medical examiners to identify a deceased person or determine the cause of death. We may also disclose your health information to funeral directors as necessary to comply with applicable law and to carry out their duties.

Inmates. If you are an inmate of a correctional institution or under the custody of law enforcement officials, we may release health information about you to the correctional institution as authorized or required by law.

Military and Veterans. If you are a member of the armed forces, we may disclose your health information as required by military command authorities.

Law Enforcement. We may disclose your health information for law enforcement officials or federal security agencies for purposes such as: responding to a valid court order, subpoena, warrant or similar process; identifying or locating a suspect, fugitive, material witness, or missing person; reporting a death that we believe may be the result of criminal conduct; and other law enforcement purposes, including national security activities.

Other Uses And Disclosures Of Your Health Information

We will make other uses or disclosures of your health information only with your written permission (called "authorization"). When you provide authorization for use or disclosure of your health information, you may revoke that authorization in writing at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. However, you understand that we cannot take back any disclosures we have already made with your permission.

Your Rights Regarding Your Health Information

Your health record is the physical property of the healthcare practitioner or facility that compiled it. However, you have the following rights about the health information we maintain about you:

You have the right to:

- **Inspect and request a copy** of your medical and treatment records. We may charge you a reasonable cost-based fee to cover copying and postage costs. Under certain circumstances, we may deny your request. If denied, you may have the denial reviewed by another official designated by us. We will honor the results of that review.
- **Request a restriction** on certain uses and disclosures of your health information we use or disclose about you. For example, you may request that we limit the health information we disclose to someone who is involved in your care or the payment for your care. We are not required to agree with your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. Also, if you pay out of pocket and in full for a health care item or service, and you ask us to not disclose to your health plan that you received that service, we will agree to your request to the extent that the disclosure to the health plan is for the purpose of carrying out payment or

health care operations and the disclosure is not required by law. You must submit your request in writing to the Privacy Officer (see below for contact information). In your request, you must tell us (i) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **Obtain a paper copy of our Notice of Privacy Practices** upon request. You may ask us to give you a copy of this Notice at any time.

- **Request an amendment** to your health information if you feel that the health information in your record is incorrect or incomplete. You have this right for as long as the information is kept by or for this facility. We are not required to change your health information and will provide you with information about our decision. You must submit your request in writing to the Privacy Officer (see below for contact information).

- **Obtain an accounting of disclosures** of your health information made by us. The accounting will not include the allowed common uses and disclosures, or the uses and disclosures that you authorized. You must submit your request in writing to the Privacy Officer (see below for contact information). Your request must state a time period which may not be longer than six years from the date the request is submitted and may not include dates before April 14, 2003.

- **Receive Alternate Form of Communication** of your health information by an alternative means or location to keep your information confidential. For example, you may ask that we only contact you via mail or a certain telephone number. You must submit your request in writing to the Privacy Officer (see below for contact information).

- **Revoke your authorization** to use or disclose health information in writing except to the extent that action has already been taken.

To exercise any of your rights listed above, you may contact the Forefront Privacy Officer at (609-480-3128) or email at compliance@fficare.com.

Changes To Our Privacy Practices

We reserve the right to change our privacy practices at any time in the future and to make the revised practice effective for all protected health information we maintain (health information we already have as well as health information that we create or receive in the future). Each time there is a material change to uses or disclosures, your rights, our legal duties, or other privacy practices outlined in our Notice of Privacy Practices, we will provide you with a copy of the revised notice at your request. The Notice will also be posted on our public website.

For More Information Or To Report A Problem

If you have questions, have a complaint or would like additional information, you may contact the Privacy Officer at compliance@fftcare.com or by writing to:

Privacy Officer
Forefront Telecare, Inc.
3500 Quakerbridge Rd., Suite 103
Hamilton, NJ 08619

If you believe your privacy rights have been violated, you can register a complaint with us or the Department of Health and Human Services (HHS). There will be no retaliation for filing a complaint.

You may contact HHS on the internet at <https://www.hhs.gov/hipaa/filing-a-complaint/index.html> or in writing at:
Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201

This Notice of Health Information Practices is also available on our web page at <https://forefronttelecare.com>.