

Notice to Individuals About Nondiscrimination

Solace Healthcare, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Solace Healthcare, Inc. does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Solace Healthcare, Inc. also takes reasonable steps to:

- Provide appropriate auxiliary aids and services to people with disabilities to communicate effectively with us, when such aids and service are necessary to ensure an equal opportunity to participate, which may include free qualified interpreters for individuals with disabilities and information in alternate formats.
- Provide language assistance services to people whose primary language is not English, when such services are necessary to provide meaningful access to individuals with limited English proficiency, which may include translated documents and free oral interpretation.

If you need these services, please contact Ms. Darcie Peacock, Administrator.

If you believe that Solace Healthcare, Inc. has failed to provide these services or discriminated in any other way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Ms. Darcie Peacock, Administrator, Solace Healthcare Inc.,
4500 Cherry Creek Dr. South, Suite 710,
Glendale, CO 80246
Phone: 303-432-8487
Fax: 303-536-1854
Email: darciep@solacehealthcare.com.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Ms. Peacock is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office of Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-303-432-8487.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-303-432-8487.

注意:如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-303-432-8487

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-303-432-8487 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-303-432-8487.

ማስታወሻ: የሚናገሩት ቋንቋ ካማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶቹ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-303-432-8487.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-303-432-8487-1

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-303-432-8487.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-303-432-8487.

ध्यान दिनुहोस्: तपाइंले नेपाली बोल्नुहुन्छ भने तपाइंको निम्ति भाषा सहायता सेवाहरु नि:शुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस्

1-303-432-8487 |

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-303-432-8487.

注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。 1-303-432-8487 まで、お電話にてご連絡ください。

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-303-432-8487.

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-303-432-8487 تماس بگیرید.

Ntị: Ọ bụrụ na asụ lbo, asụsụ aka ọasụ n'efu, defu, aka. Call 1-303-432-8487.

AKIYESI: Bi o ba nsọ èdè Yorùbú ọfé ni iranlọwọ lori èdè wa fun yin o. E pe ọọ-ibanisọọ yi 1-303-432-8487.

PRIVACY

HIPAA NOTICE OF PRIVACY PRACTICES

In compliance with HIPAA – The Health Insurance Portability and Accountability act of 1996

If you are a patient of Solace, the notice describes how your medical information may be used and disclosed and how you can get access to this information. Please review this notice carefully.

I. USES AND DISCLOSURES

Solace will not disclose your health information without your authorization, except as stated in this notice.

Plan of Care/Treatment. Solace will use your health information for the plan of care/treatment; for example, information obtained by a nurse/therapist will be recorded in our record and used to determine the course of treatment. Your nurse and other personal assistance staff will communicate with one another personally and through the case record to coordinate care provided.

Payment. Solace will use your health information for payment for services rendered. For example, the agency may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or Solace. The agency may also need to obtain prior approval from your insurer and may need to explain to the insurer your need for personal assistance services and the services that will be provided to you.

Health Care Operations. Solace will use your health information for personal assistance services operations. For example, agency nurses, field staff, supervisors and support staff may use information in your case record to assess the care and outcomes of your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of services we provide. Regulatory and accrediting organizations may review your case record to ensure compliance with their requirements.

Notification. In an emergency, Solace may use or disclose health information to notify or assist in notifying a family member, personal representative or another person responsible for your care, of your location and general condition.

Public Health. As required by federal & state law, Solace Healthcare may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Law Enforcement. As required by federal and state law the agency will notify authorities of alleged abuse/neglect; and risk or threat of harm to self or others. We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Charges against the Agency. In the event you should file suit against Solace, the agency may disclose health information necessary to defend such action.

Duty to Warn. When a patient communicates to Solace a serious threat of physical violence against himself, herself or a reasonably identifiable victim or victims, the agency will notify either the threatened person(s) and/or law enforcement.

The Agency may also contact you about appointment reminders, treatment alternatives or for public relations activities. In any other situation, Solace will request your written authorization before using or disclosing any identifiable health information about you. If you choose to sign such authorization to disclose information, you can revoke that authorization to stop any future uses and disclosures.

II. INDIVIDUAL RIGHTS

You have the following rights with respect to your protected health information:

1. You may request in writing that Solace Healthcare not use or disclose your information for treatment, payment or administration purposes or to persons involved in your care except when specifically authorized by you when required by law, or in emergency situation. The agency will consider your request; however, Solace is not legally required to accept it. You have the right to request that your health information be communicated to you in a confidential manner such as sending mail to an address other than your home.
2. Within the limits of the statutes & regulation, you have the right to inspect and copy your protected health information. If you request copies, Solace will charge you a reasonable amount, as allowed by statute.
3. If you believe that information in your record is incorrect or if important information is missing, you have the right to submit a request to Solace Healthcare to amend your protected health information by correcting the existing information or adding the missing information.
4. You have the right to receive an accounting of disclosures of your protected health information made by the agency for certain reasons, including reason related to public purposes authorized by law and certain research. The request for an accounting must be made in writing to 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 time periods in excess of six (6) years. The first accounting requested during any 12-month period would be provided without charge. Subsequent requests may be subject to a cost based fee.
5. If this notice was sent to you electronically, you may obtain a paper copy upon request to the agency.

III. AGENCY'S DUTIES

1. Solace is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information.
2. The agency is required to abide by the terms of this Notice of its duties and privacy practices. The agency is required to abide by the terms of this Notice as may be amended from time to time.
3. Solace reserves the right to change the terms of this Notice and to make new Notice provisions effective for all protected health information that it maintains. Prior to making any significant changes in our policies, Solace will change its Notice and provide you with a copy.

You can also request a copy of our Notice at any time. For more information about our privacy practices, please contact the office 303-432-8487.

IV. COMPLAINTS

If you are concerned that Solace Healthcare has violated your privacy rights, or you disagree with a decision the agency made about access to your records, you may contact the office at 216-632-4444. You may also send a written complain to the Federal Department of Health and Human Services. Solace Healthcare office staff can provide you with the appropriate address upon request. Under no circumstances will you be retaliated against for filing a complaint.

V. CONTACT INFORMATION

Solace Healthcare is required by law to protect the privacy of your information, provide this Notice about our information practices, and follow the information practices that are described in the Notice. If you have any questions or complaints, please contact:

**Agency Administrator
Darcie Peacock
303-432-8487**

CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

1. A written consent is obtained from all patients that Solace Healthcare admits for services. The consent will be obtained prior to using or disclosing protected health information to carry out treatment, payment or health care operations.
2. The patient will be provided the opportunity to review Solace Healthcare's Notice of Privacy Practices prior to signing the consent.
3. If the consent cannot be obtained prior to treatment due to communication barriers or emergency situations, it will be obtained as soon as possible. Reasons why it is not signed must be documented.
4. The signed consent gives permission to Solace Healthcare and its business associates to use and disclose patient's protected health information only for the purposes of treatment, payment and health care operations.
5. **If a patient refuses to sign the consent or revokes it later, Solace Healthcare will not be able to provide services to that patient.**
6. The signed consent is effective indefinitely or until/unless it is revoked in writing by the patient
7. Signed consent forms will be documented and retained for six (6) years after its effective date.
8. Solace Healthcare is allowed and required to disclose protected health information without a signed consent for purposes of law enforcement, judicial proceedings, and public health activities, as detailed in the Notice of Privacy Practices.

9. Privacy regulations with respect to protected health information continue after the patient is deceased.
10. Solace Healthcare will treat a patient's personal representative as the individual for the purposes of the privacy regulation.

CONSENT IS NOT REQUIRED IN THE SPECIFIC SITUATIONS DESCRIBED BELOW

1. Consent is not required if Solace Healthcare received the health information in the course of providing health care to an individual who is an inmate of a correctional institution.
2. Consent is not required in an emergency treatment situation if the provider attempts to obtain consent as soon as it is reasonably possible after the delivery of emergency treatment.
3. Consent is not required if the provider is required by law to treat the individual and the provider attempts to obtain consent but is unable to do so.

We reserve the right to change this Notice and to make the revised /new Notice effective for all health information already received. A copy of any revised Notice will be provided you.