



NC-F-04A

Notice of Privacy Practices

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Notice of Privacy Practices

NobleCare Home Health LLC Lewis Center, OH 43035 Phone: (740) 262-9845 Privacy Officer:
Administrator

Effective Date: March 1, 2026

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.

Our Duty to Protect Your Health Information

We are required by law to maintain the privacy of your protected health information (PHI), provide you with this notice of our legal duties and privacy practices, and follow the terms of the notice currently in effect. We reserve the right to change our privacy practices and the terms of this notice at any time. Any revised notice will be provided to you.

How We May Use and Disclose Your Health Information

We may use and disclose your health information in the following ways:

Treatment

We may use your health information to provide, coordinate, or manage your home health care. For example, we may share your information with a physician who is involved in your care or with another caregiver who is providing services to you.

Payment

We may use and disclose your health information to bill and collect payment for the services we provide. For example, we may send your information to your insurance company to obtain payment for care.

Health Care Operations

We may use and disclose your health information for our business operations. These activities include quality assessment, employee training, licensing, and conducting other business activities. For example, we may use your health information to evaluate the quality of care provided by our staff.

As Required by Law

We will disclose your health information when required to do so by federal, state, or local law.

Public Health Activities

We may disclose your health information for public health activities such as reporting disease, injury, or vital events; reporting child or adult abuse or neglect; notifying the FDA of product-related problems; or notifying a person who may have been exposed to a communicable disease.

Health Oversight Activities

We may disclose your health information to a health oversight agency for activities authorized by law, including audits, investigations, inspections, and licensure.

Judicial and Administrative Proceedings

We may disclose your health information in response to a court order, subpoena, or other lawful process.

Law Enforcement

We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, or missing person, or reporting a crime.

To Avert a Serious Threat to Health or Safety

We may use and disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Workers' Compensation

We may disclose your health information as authorized by and to the extent necessary to comply with workers' compensation laws.

Decedents

We may disclose health information of a deceased person to a coroner, medical examiner, or funeral director as necessary for their duties.

Organ and Tissue Donation

We may disclose your health information to organizations that handle organ, eye, or tissue procurement or transplantation.

Research

Under certain circumstances, we may use and disclose your health information for research purposes, subject to approval by an institutional review board or privacy board.

Military and Veterans

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

Authorized Uses and Disclosures

Other uses and disclosures of your health information not described in this notice will be made only with your written authorization. You may revoke your authorization at any time in writing, except to the extent we have already acted in reliance upon it.

Your Rights Regarding Your Health Information

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

Right to Access

You have the right to inspect and obtain a copy of your health information. You must submit your request in writing. We may charge a reasonable fee for copying. We will respond within 30 days.

Right to Request Amendment

You have the right to request that we amend your health information if you believe it is incorrect or incomplete. Your request must be in writing and must state a reason for the amendment. We may deny your request under certain circumstances and will provide you with a written explanation.

Right to an Accounting of Disclosures

You have the right to request a list of certain disclosures we have made of your health information. Your request must be in writing and must state the time period (which may not be longer than six years). The first accounting within a 12-month period is free; we may charge a reasonable fee for additional requests.

Right to Request Restrictions

You have the right to request that we restrict how we use or disclose your health information for treatment, payment, or health care operations. We are not required to agree to your request, except that we must agree if the disclosure is to a health plan for payment or health care operations purposes and the information relates to a service for which you paid in full out of pocket.

Right to Confidential Communications

You have the right to request that we communicate with you in a certain way or at a certain location. For example, you may ask that we contact you only at a specific phone number. We will accommodate all reasonable requests.

Right to a Copy of This Notice

You have the right to obtain a paper copy of this notice at any time, even if you previously agreed to receive the notice electronically.

Changes to This Notice

We reserve the right to change this notice and to make the revised notice effective for health information we already have about you as well as any information we receive in the future. We will post the current notice in our office and on our website at noblecareohio.com. The notice will contain the effective date on the first page.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services.

To file a complaint with NobleCare Home Health: Phone: **(740) 262-9845** NobleCare Home Health LLC, Lewis Center, OH 43035

To file a complaint with HHS Office for Civil Rights: Phone: **1-877-696-6775** Website: www.hhs.gov/ocr/privacy/hipaa/complaints U.S. Department of Health and Human Services 200 Independence Avenue, S.W. Washington, D.C. 20201

You will not be retaliated against for filing a complaint.

Acknowledgment of Receipt

I acknowledge that I have received a copy of NobleCare Home Health's Notice of Privacy Practices. I understand that this notice describes how my health information may be used and disclosed and how I can access this information.

Patient Name (Printed)

Patient / Legal Representative
Signature Relationship (if
Representative) Date

Office Use Only

If the patient/representative refused to sign this acknowledgment, document the reason below and the good-faith effort made to obtain the signature.

Reason for refusal

Staff Name

Staff Signature

Date