

Member ID#: \_\_\_\_\_

Member Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dear ElderServe Health Member:

We enclose our Notice of Privacy Practices (“Notice”), which describes our privacy practices, legal obligations and your rights regarding your health information. The Notice includes:

- The ways in which we use and disclose health information
- How you can review or amend your health information
- The methods for contacting us with questions or concerns regarding your rights or privacy protections
- How to exercise your rights regarding your health information.

We are required by law to provide you with this Notice, and accordingly request that you sign the Acknowledgement of your receipt below and return it to us in the enclosed envelope. The Notice should be kept with your important documents so that you will be able to refer to it easily.

Protecting the privacy of your health information is very important to us. If you have any questions about this Notice, or the privacy practices of our staff, please feel free to contact the undersigned at (800) 370-3600.

Thank you for your cooperation in signing and returning this Acknowledgement, and we look forward to serving you.

Sincerely,

Jenny Ling  
Privacy Officer

Notice was  Mailed or  Given to Member on \_\_\_\_\_

**Acknowledgement:**

I, \_\_\_\_\_ acknowledge that I have received a copy of ElderServe Health’s Notice of Privacy Practices.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Relationship/authority to act for Member \_\_\_\_\_

**ELDERSERVE HEALTH, INC.**  
**NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL/HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**Effective Date: September 1, 2025**

We are required by law to maintain the privacy of your health information. We are also required to provide you with this detailed Notice of Privacy Practices (“Notice”) describing our legal duties and privacy practices relating to your health information, as well as the rights you have with regard to your health information. Additionally, we are required to abide by the terms of the Notice that are currently in effect. This Notice applies to our uses and disclosures of your health information in connection with the ElderServe Health, Inc. health care programs.

**I. HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION**

We may use and disclose your health information and share it with others to help treat your condition, coordinate payment for that treatment, and run our business operations. The following are situations where we do not need your written authorization to use or disclose your health information:

**A. Uses and Disclosures for Treatment, Payment and Health Care Operations**

The following are various ways in which we may use or disclose your health information or share it with others for purposes of treatment, payment and health care operations:

**For Treatment.** To provide treatment to you and coordinate such treatment, we may disclose your health information to other providers involved in your care, such as doctors, nurses, home health aides, physical therapists, social workers, and personal care attendants. These providers may, in turn, use that information to treat you. For example, members of a multidisciplinary team (including your primary care physician, a registered nurse, a social worker, physical and occupational therapists, and other caregivers) may discuss your treatment plan and contact any specialists regarding your care.

**For Payment.** For billing and payment purposes, for example, we may disclose your health information to your personal representative, or to an insurance or managed care company, Medicare, Medicaid or the state agency charged with administering health care programs. This may help us obtain reimbursement after we have treated you or help us determine your continued eligibility for program services.

**For Health Care Operations.** For example, we may use your health information for purposes of management, personnel evaluation, education and training, as well as to conduct quality assessment activities. We may also disclose your health information to other health care providers to help them with their health care operations.

**Appointment Reminders.** To remind you of an appointment for treatment or services.

**Treatment Alternatives and Health-Related Benefits and Services.** Subject to regulatory limitations, we may use your health information or share it with others to inform you about possible treatment alternatives and health-related benefits and services that may be of interest to you.

**Business Associates.** We may disclose your health information to our business associates who require the information to carry out functions or activities on our behalf. We will disclose your health information to a business associate only if we have a written contract in place to ensure that the business associate protects the privacy of your health information.

## **B. Uses and Disclosures for the Public Need**

The following are ways in which we may use and disclose your health information for the public need:

**Emergencies and As Required by Law.** As necessary in emergency situations, and as required by law.

**Public Health Activities.** To authorized public health officials for public health activities, for example, reporting to a public health authority for preventing or controlling disease, injury or disability; reporting elderly abuse or neglect; or reporting deaths.

**Reporting Victims of Abuse, Neglect or Domestic Violence.** To appropriate authorities if we believe that you have been a victim of abuse, neglect or domestic violence or the possible victim of other crimes.

**Health Oversight Activities.** To health oversight agencies for health oversight activities authorized by law, such as audits, investigations, inspections, licensure actions or government oversight of the health care system.

**To Avert a Serious Threat to Health or Safety.** As necessary, to prevent a serious threat to your health or safety or the health or safety of the public or another person. In such cases, we will limit disclosures to someone able to help lessen or prevent the threatened harm.

**Product Monitoring, Repair and Recall.** To a person or company regulated by the Food and Drug Administration for (i) reporting or tracking product defects or problems, (ii) repairing, replacing or recalling defective or dangerous products, or (iii) monitoring the performance of a product after it has been approved for use by the general public.

**Judicial and Administrative Proceedings.** In response to a court or administrative order, subpoena, discovery request, or other lawful process, but only if efforts have been made to contact you about the request or to obtain a court order or agreement protecting your health information from further disclosure.

**Law Enforcement.** For certain law enforcement purposes, including, for example, complying with a court order, warrant, or similar legal process, identifying or locating a suspect, fugitive, witness or missing person, and responding to certain requests for information concerning crimes.

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

**National Security.** To authorized federal officials for national security purposes or as needed to protect the President of the U.S. or certain other officials.

**Inmates/Law Enforcement Custody.** If you are under law enforcement custody, we may disclose your health information to the institution or official for certain purposes, including the health and safety of you and others.

**Workers' Compensation.** To comply with laws relating to workers' compensation or similar programs.

### C. Other Uses and Disclosures

**Patient Roster/ Individuals Involved in Your Care or Payment for Your Care.** We may use your health information in our Patient Roster, and, if you do not object, we may share it with a family member, relative or close personal friend involved in your care or payment for your care, and notify them about your location and general condition.

**Research.** In most cases, we will ask for your written authorization before using your health information or sharing it with others in order to conduct research. However, under some circumstances, we may use or disclose your health information without your written authorization. To do this, we are required to obtain approval through a special process to ensure that research without your written authorization poses minimal risk to your privacy.

**De-Identified Information.** We may use or disclose your health information if we have removed any information that has the potential to identify you so that the health information is “completely de-identified.” Partially de-identified information will not contain any information that would directly identify you.

## II. **USES AND DISCLOSURES OF YOUR HEALTH INFORMATION REQUIRING AUTHORIZATION**

Certain uses and disclosures of your health information will be made only with your written authorization, including uses and/or disclosures: (a) of psychotherapy notes; (b) for marketing purposes; and (c) that constitute a sale of health information under the Privacy Rule.

Except as described above in this Notice, we will not use or disclose your health information without your written authorization. You may revoke, or cancel, your authorization in writing at any time. If you revoke an authorization, we will no longer use or disclose your health information for the purposes covered by that authorization, except where we have already relied on the authorization. Your revocation will not affect any uses and disclosures we have already made prior to the date we receive notice of your revocation. To revoke your authorization, please write to the contact person under Section III of this Notice.

## III. **YOUR RIGHTS TO ACCESS AND CONTROL YOUR HEALTH INFORMATION**

We want you to know that you have the following rights to access and control your health information, subject to certain requirements, limitations and exceptions. To exercise any of these rights, you may direct your written request to the contact person listed on the last page of this Notice. We will respond to your request in writing as described below or provide you with a form to complete.

No Waiver of Privacy Rights: You are not required to waive your rights under the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule as a condition for the provision of treatment, payment, enrollment in an ElderServe Health health care program, or eligibility for benefits.

**Access Your Health Information.** You have the right to inspect and obtain a copy of your clinical and billing records and other health information that we maintain, subject to some exceptions. If the information you request is stored electronically, we will provide the information in the form and format you request if the information is readily producible in that format, or, if not, we will reach an agreement with you as to alternative readable electronic format. We may also charge you a reasonable fee to cover the costs of copying, mailing or other supplies we may use to fulfill your request.

A written request to obtain your health information should include your contact information and describe the information to which the request applies, as well as the desired form or format of access. We ordinarily will respond to your request within 30 days. If we need additional time to respond to your request, we will notify you in writing within 30 days to explain the reason for the delay and when you can expect to have a final answer to your request. We may not give you access to your health information in very limited circumstances. If you are denied access, you are entitled to a review by a health care professional, designated by us, who was not involved in the decision to deny access. If access is ultimately denied, you will be entitled to a written explanation of the reasons for the denial.

**Additional Privacy Protections.** You have the right to request that we place additional restrictions on our use and disclosure of your health information. A written request for additional privacy protections should include the information you want to restrict; whether you want us to restrict our use of the information, how we share it with others, or both; and to whom the restrictions apply. We will grant your request if it is reasonable and can be accommodated, but we do not need to agree to the restriction unless (i) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and (ii) the health information relates only to a health care item or service that you or someone on your behalf has paid for out of pocket and in full. If we do agree to your request, we will put these restrictions in place except as needed to provide you emergency treatment or in accordance with applicable law.

**Amend Your Health Information.** You have the right to request that we amend your health information if you believe this information is incorrect or incomplete. A written request to amend your health information should include a description of the amendment requested and should include the reasons why you think we should make the amendment. We ordinarily will respond to your request within 60 days. If we need additional time to respond, we will notify you in writing within 60 days to explain the reason for the delay and when you can expect to have a final answer to your request. If we did not create your health information, if your health information is not part of our records, or if your health information is already accurate and complete, we can deny your request and notify you of our decision in writing. You can submit a statement that you disagree with our decision, which we can rebut. You have the right to request that your original request, our denial, your statement of disagreement and our rebuttal be included in future disclosures of your health information.

**Receive an Accounting of Disclosures.** You have the right to request an “accounting” of certain disclosures of your health information. An accounting of disclosures will not include disclosures for treatment, payment and health care operations, disclosures made pursuant to your authorization, and certain other disclosures. A written request for an accounting should specify the time period within the past six years for the disclosures you want us to include. You will receive one accounting annually for free, but we may charge you a reasonable, cost-based fee for providing additional accounting within the same 12 month period. We ordinarily will respond to your request within 60 days. If we need additional time to respond to your request, we will notify you in writing within 60 days to explain the reason for the delay and when you can expect to have a final answer to your request.

**Request Confidential Communications.** You have the right to request that we communicate with you about your health information by alternative means or via alternative locations. For example, you may ask us to send mail to your work address rather than your home address. A written request for confidential communications should specify where and/or how we should contact you, and how payment for your health care is handled if we communicate with you through this alternative method or location. We will accommodate all reasonable requests.

**Paper Copy of This Notice.** You have the right at any time to obtain a paper copy of this Notice, even if you have agreed to receive this Notice electronically. A copy of this Notice is available on our website, [www.elderservehealth.org](http://www.elderservehealth.org).

**Notification of Breach.** We are required by law to maintain the privacy of your health information. We are required to notify you in the event there is a breach of your unencrypted health information.

#### **IV. FOR FURTHER INFORMATION OR TO FILE A COMPLAINT**

**Contact.** If you have any questions about this Notice or would like to exercise any of your individual rights listed above, please contact the ElderServe Health Privacy Officer at (800) 370-3600.

**Complaints.** If you believe that your privacy rights have been violated, you may complain to us by contacting the ElderServe Health Privacy Officer by calling (800) 370-3600 or by writing:

ElderServe Health, Inc.  
Attn: Privacy Officer  
80 West 225th Street  
Bronx, NY 10463

You may also complain to the Office for Civil Rights at U.S. Department of Health and Human Services by emailing them at [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov) or by writing:

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

We will not retaliate against you for filing a complaint.

#### **ADDITIONAL RIGHTS**

This Notice explains the rights you have with respect to your health information under federal law. Some states provide greater rights, including more favorable access and amendment rights, as well as protection for particularly sensitive information. For instance, in New York, HIV/AIDS related information cannot be disclosed without your consent unless that disclosure is pursuant to a court order, for care or treatment purposes, to a government agency involved in collecting relevant data or otherwise required by law. We must also obtain your consent before disclosing your genetic information except when such disclosure is pursuant to a court order or legal proceeding or otherwise permitted or required under applicable law. In certain instances you also have the right to restrict disclosure of your mental health and alcohol and drug abuse information. To the extent the law in New York affords you greater rights than described in this Notice, we will comply with these laws.

#### **CHANGES TO THIS NOTICE**

We may change our privacy practices from time to time. If we do, we will revise this Notice, which will apply to all health information. If we make materials revisions to this Notice, we will provide you with a copy of the revised Notice, and post a copy at [www.elderservehealth.org](http://www.elderservehealth.org).