

HIPAA – Notice of Privacy Practices

Due to the nature of our services, we may use related health information in order to provide proper services. RIGHT ACCORD Home Health Care is authorized to discuss medical information with family members, insurance representatives, social workers or other health care professionals. Whenever feasibly possible, we will do our best to protect our client's health information and keep identifying information private.

| You have a right to request a restriction or limitation on the information we use or disclose about you for providing services, payment, and health care operations or to someone who is involved in your care. All requests must be in writing. Your signature below acknowledges acceptance: | | |
|--|---|---|
| (Patient Name) | (Client Authorized Signature) | (Date) |
| Assignment of Bene | efits | |
| directly from the insurance authorizes RIGHT ACCORD from permanent assignment of to provide services to you. | may be possible for RIGHT ACCORD Home Healt e company. To alleviate client responsibility of Home Health Care to receive reimbursement definition (Insurance Company). This is called an "Assignation benefits and will only be in effect during the period in the event the insurance company denies are sponsible for payment of all invoices. | filing a claim for payment, client lirectly nment of Benefits." This is not a riod for which our staff is requested |
| Company, or if you elect to responsibility to pay for th assessment on the initial soccurs. Regardless if we a service agreement and prostarting services. You, the reimbursed by the insuran period; exceeding the daily | regiver scheduled for more hours than the amore continue receiving care after the claim has been additional services. We are required by NJ tart of services and every 60 days or if a major or able to bill the insurance company directly, you oviding a \$1,000.00 refundable deposit as outling client, are responsible for any RIGHT ACCORD Roce company which could include: days not cover y maximum benefit; holiday rates un-reimburse requested transportation services (\$.585 cents) | en closed it will be your State Law to have a nursing change of health rou are responsible for signing a ned in our rate schedule prior to Home Health Care service not ered as part of an elimination ed; client requested hours above the |
| ASSIGNMENT OF BENEFIT assignment of benefits for | S: I (Client Propagation of Services provided by RIGHT ACCOR | inted Name), authorize the RD Home Health Care. |
| (Patient Name) | (Client Authorized Signature) | (Date) |