

NOTICE OF PRIVACY PRACTICES

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.

AVEECARE, LLC

Home Healthcare Management Platform

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YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

This notice describes how we protect your health information and what rights you have regarding that information.

I. Who We Are

AveeCare, LLC ("AveeCare," "we," "us," or "our") is a technology company that provides a cloud-based home healthcare management platform to home health agencies, hospice providers, and other healthcare organizations ("Healthcare Providers" or "Covered Entities"). We are a **Business Associate** under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended by the Health Information Technology for Economic and Clinical Health Act (HITECH).

As a Business Associate, we handle protected health information (PHI) on behalf of the Healthcare Providers who use our platform. This Notice of Privacy Practices explains how we protect your health information when it is stored in or transmitted through our platform.

Important Distinction

Your Healthcare Provider (the home health agency or hospice that provides your care) is the **Covered Entity** responsible for your care and has its own Notice of Privacy Practices. This AveeCare notice supplements—but does not replace—your Healthcare Provider's notice. If you have questions about how your Healthcare Provider uses your information, please contact them directly.

II. Your Rights Regarding Your Health Information

Under HIPAA, you have specific rights regarding the health information we maintain about you. These rights are important for you to understand.

Right to Access Your Information

You have the right to inspect and obtain a copy of the health information we maintain about you. This includes medical records, billing records, and other records used to make decisions about your care. To request access, contact your Healthcare Provider or submit a written request to us. We must respond within 30 days (with a possible 30-day extension if we notify you in writing). We may charge a reasonable fee for copying costs.

Right to Request Electronic Copies

Under the HITECH Act, if your information is maintained electronically, you have the right to request that we provide you with an electronic copy in a format you request (if readily producible) or in a mutually agreed-upon format. You may also direct us to transmit an electronic copy directly to a person or entity you designate, provided your request is clear, conspicuous, and in writing.

Right to Request Amendment

If you believe that information we have about you is incorrect or incomplete, you may request that we amend the information. Your request must be in writing and must explain why the amendment is necessary. We may deny your request in certain circumstances (e.g., if the information was not created by us, if the information is accurate and complete, or if the information is not part of the records you would be permitted to inspect). If we deny your request, we will provide a written explanation.

Right to an Accounting of Disclosures

You have the right to receive a list of certain disclosures we have made of your health information. This accounting does not include disclosures made for treatment, payment, or healthcare operations, disclosures you authorized in writing, or certain other disclosures permitted by law. The accounting covers the six years prior to your request (or a shorter period if you specify). The first accounting in any 12-month period is free; we may charge a reasonable fee for subsequent requests.

Right to Request Restrictions

You have the right to request restrictions on how we use or disclose your health information for treatment, payment, or healthcare operations. You may also request restrictions on disclosures to family members or others involved in your care. We are not required to agree to your request except in one circumstance: if you pay for a service entirely out of pocket and request that we not disclose information about that service to your health plan, we must honor that request.

Right to Request Confidential Communications

You have the right to request that we communicate with you about your health information in a specific way or at a specific location. For example, you may request that we contact you only at your work address or only by mail. We will accommodate reasonable requests.

Right to a Paper Copy of This Notice

You have the right to receive a paper copy of this Notice of Privacy Practices at any time, even if you previously agreed to receive this notice electronically. Contact us using the information at the end of this notice.

Right to Be Notified of a Breach

You have the right to be notified if there is a breach of your unsecured protected health information. Under the HITECH Act, we are required to notify you (through your Healthcare Provider) if we discover a breach affecting your information. Notification will include a description of what happened, the types of information involved, steps you should take to protect yourself, what we are doing to investigate and mitigate the breach, and how to contact us for more information.

III. How We Use and Disclose Your Health Information

We may use and disclose your health information in certain ways. The following describes the categories of uses and disclosures permitted or required by law.

A. Uses and Disclosures for Treatment, Payment, and Healthcare Operations

The most common reasons we use or disclose health information are for treatment, payment, and healthcare operations. For these purposes, we generally do not need your specific authorization.

Treatment

We may use your health information to support the care your Healthcare Provider delivers to you. For example:

- Displaying your care plan, medications, and allergies to caregivers assigned to your visits
- Enabling secure communication between your caregivers about your care
- Storing visit notes and care documentation from home health visits
- Tracking completion of ordered care tasks

Payment

We may use your health information to support billing and payment activities. For example:

- Generating billing records based on visits and services provided
- Supporting insurance claim submissions by your Healthcare Provider
- Tracking authorization and eligibility information

Healthcare Operations

We may use your health information for healthcare operations, which are activities that support the running of your Healthcare Provider's organization. For example:

- Quality assessment and improvement activities
- Training and supervision of caregivers
- Compliance and auditing activities
- Business planning and development

B. Uses and Disclosures Requiring Your Written Authorization

For most uses and disclosures of your health information not described in this notice, we will ask for your written authorization. You may revoke your authorization at any time by notifying us in writing, but revocation will not affect any uses or disclosures already made in reliance on your authorization.

The following uses and disclosures **always** require your written authorization:

- **Marketing communications** – We will not use your health information for marketing purposes without your authorization (with limited exceptions for certain face-to-face communications and promotional gifts of nominal value)
- **Sale of your health information** – We will not sell your health information without your authorization
- **Psychotherapy notes** – We will not disclose psychotherapy notes (if any) without your authorization, except as permitted for certain treatment, payment, and oversight activities

C. Uses and Disclosures That May Be Made Without Your Authorization

There are certain situations in which we may use or disclose your health information without your authorization. These situations are permitted or required by law.

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 purposes, including:

- Preventing or controlling disease, injury, or disability
- Reporting births and deaths
- Reporting adverse events, product defects, or problems with medications
- Notifying individuals of recalls, repairs, or replacements of products
- Notifying a person who may have been exposed to a disease or may be at risk of contracting or spreading a condition

Health Oversight Activities

We may disclose your health information to health oversight agencies for activities authorized by law, such as audits, investigations, inspections, and licensure.

Judicial and Administrative Proceedings

We may disclose your health information in response to a court order or administrative tribunal, or in response to a subpoena, discovery request, or other lawful process, provided certain conditions are met.

Law Enforcement

We may disclose your health information to law enforcement officials in certain limited circumstances, such as:

- In response to a court order, subpoena, warrant, or similar process
- To identify or locate a suspect, fugitive, material witness, or missing person
- Regarding a victim of a crime under certain conditions
- To report a death we believe may be the result of criminal conduct
- Regarding criminal conduct on our premises
- In emergencies to report a crime, the location of the crime or victims, or the identity of the perpetrator

Coroners, Medical Examiners, and Funeral Directors

We may disclose health information to coroners, medical examiners, and funeral directors for purposes related to their lawful duties.

Organ and Tissue Donation

We may disclose health information to organizations involved in organ, eye, or tissue procurement, banking, or transplantation, if you are an organ donor.

Research

We may use or disclose your health information for research purposes under certain conditions, including when an institutional review board or privacy board has approved the research and waived authorization requirements.

Serious Threats to Health or Safety

We may use or 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.

Military and Veterans

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

National Security and Intelligence Activities

We may disclose your health information to authorized federal officials for intelligence, counterintelligence, and other national security activities.

Protective Services for the President and Others

We may disclose your health information to authorized federal officials for protection of the President, other authorized persons, or foreign heads of state.

Inmates

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose health information necessary for your health and the health and safety of others.

Workers' Compensation

We may disclose your health information for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

Abuse, Neglect, or Domestic Violence

We may disclose your health information to appropriate authorities if we believe you are the victim of abuse, neglect, or domestic violence, as required or authorized by law.

IV. Our Responsibilities

We are required by law to:

- 1. Maintain the privacy of your health information** and provide you with this notice of our legal duties and privacy practices;
- 2. Follow the terms of the notice currently in effect;**
- 3. Notify you if there is a breach** of your unsecured protected health information;
- 4. Not use or disclose your health information** other than as described in this notice without your written authorization;
- 5. Not use or disclose genetic information** for underwriting purposes (though this applies primarily to health plans).

A. Minimum Necessary Standard

When using or disclosing your health information, or when requesting information from another covered entity, we make reasonable efforts to limit the information to the minimum necessary to accomplish the intended purpose. This standard does not apply to disclosures for treatment purposes, disclosures to you, disclosures you authorize, disclosures required by law, or disclosures to the Secretary of Health and Human Services.

B. Safeguards We Use

We implement comprehensive safeguards to protect your health information, including:

Administrative Safeguards

- Designated Security and Privacy Officers responsible for compliance
- Workforce training on HIPAA requirements
- Policies and procedures governing privacy and security
- Business Associate Agreements with our vendors
- Regular risk assessments and security evaluations

Physical Safeguards

- Secure cloud infrastructure hosted by HIPAA-compliant providers
- Access controls for all systems containing health information
- Workstation security policies

Technical Safeguards

- Encryption of health information at rest and in transit
- Unique user identification and multi-factor authentication
- Audit controls to monitor access to health information
- Automatic session timeouts
- Role-based access controls limiting information access to authorized individuals

C. Breach Notification

In the event of a breach of unsecured protected health information, we will notify the affected Healthcare Provider promptly (and in no event later than 60 days after discovery of the breach). The Healthcare Provider is then

responsible for notifying affected individuals. If we are directly responsible for the breach, we will cooperate fully with breach notification efforts and may directly notify affected individuals as authorized.

A "breach" means the acquisition, access, use, or disclosure of protected health information in a manner not permitted by HIPAA that compromises the security or privacy of the information. Breaches involving secured (encrypted) data meeting federal standards are not reportable.

V. Changes to This Notice

We reserve the right to change this Notice of Privacy Practices at any time. Any changes will apply to information we already have about you as well as any information we receive in the future. When we make a material change to this notice, we will:

1. Post the revised notice on our website at <https://www.aveecare.com/>
2. Make the revised notice available upon request
3. Update the effective date at the beginning of this notice

You may obtain a copy of the current notice at any time by contacting us using the information provided below.

VI. Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. **You will not be retaliated against for filing a complaint.**

A. File a Complaint with AveeCare

To file a complaint with us, contact our Privacy Officer using the contact information below. We will investigate your complaint and respond to you in writing.

B. File a Complaint with the Department of Health and Human Services

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

U.S. Department of Health and Human Services - Office for Civil Rights

Online: <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>

Phone: 1-800-368-1019 (TDD: 1-800-537-7697)

Mail:

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

VII. Contact Information

For more information about this Notice of Privacy Practices, or to exercise any of your rights described in this notice, please contact:

Privacy Officer (Co-Privacy Officer #1)

Name: Calvin Nesvig

Title: Co-Privacy Officer, AveeCare, LLC

Email: cnesvig@aveecare.com

Phone: 602-576-0038

Address:

AveeCare, LLC
17602 North 47th Street, Phoenix, Arizona,
85032

Privacy Officer (Co-Privacy Officer #2)

Title: Co-Privacy Officer, AveeCare, LLC

Email: abaker@aveecare.com

Phone: 425-435-4762

General Privacy Inquiries

Email: privacy@aveecare.com (or: contact@aveecare.com)

Website: https://www.aveecare.com/

Response Time

We will respond to your request within 30 days. If we need additional time (up to 30 more days), we will notify you in writing explaining the reason for the delay.

VIII. Acknowledgment of Receipt

By signing below, you acknowledge that you have received a copy of this Notice of Privacy Practices. Your signature does not indicate that you agree with all of the terms of this notice—it simply confirms that you have been given the opportunity to review it.

Patient/Individual Acknowledgment

Patient Name (Print): _____

If Signed by Authorized Representative:

Patient Signature (or Authorized Representative)

Representative Name (Print)

Date

Relationship to Patient

If Patient Unable or Unwilling to Sign

If the patient is unable or unwilling to sign this acknowledgment, document the reason below:

Reason: _____

Staff Member Name: _____ **Date:** _____

IX. Additional State Law Notices

Depending on where you live, state law may provide you with additional privacy protections beyond those required by HIPAA. To the extent state law provides greater protection, we will comply with applicable state law requirements. Some examples include:

- **California:** California residents may have additional rights under the California Consumer Privacy Act (CCPA) and the Confidentiality of Medical Information Act (CMIA). However, HIPAA-covered health information is generally exempt from CCPA.
- **Texas:** Texas law may provide additional protections for certain health information, including mental health records.
- **New York:** New York law may provide additional protections regarding HIV-related information and mental health records.

If you have questions about your rights under state law, please contact our Privacy Officer.

X. Document Control

Version	Date	Author	Description of Changes
1.0	January 31, 2026	AveeCare Compliance	Initial document creation

Next Scheduled Review: 01/30/2027 (Recommend annual review or upon regulatory changes)

Appendix A: Summary of Your Privacy Rights

Right	Description	How to Exercise
Access	Inspect and obtain copies of your health information	Written request to Privacy Officer
Amendment	Request correction of information you believe is inaccurate	Written request explaining the reason
Accounting of Disclosures	Receive a list of certain disclosures made	Written request to Privacy Officer
Restrictions	Request limits on how your information is used	Written request (may not be granted)
Confidential Communications	Request that we communicate with you in a specific way	Written or verbal request
Paper Copy of Notice	Receive a paper copy of this notice at any time	Request by phone, email, or mail
Breach Notification	Be notified if your information is breached	Automatic (no action required)
File a Complaint	Complain if you believe your rights were violated	Contact Privacy Officer or HHS OCR

Appendix B: Regulatory References

45 CFR § 164.520 - Notice of Privacy Practices

This regulation establishes the requirements for covered entities and, by extension through the HITECH Act, business associates to provide individuals with a notice of their privacy practices. The notice must describe the entity's uses and disclosures of protected health information and the individual's rights regarding that information.

HITECH Act - Enhanced Rights and Enforcement

The Health Information Technology for Economic and Clinical Health Act (2009) enhanced individual rights under HIPAA, including the right to electronic access to PHI, restrictions on disclosures when services are paid out-of-pocket, and mandatory breach notification requirements.

45 CFR § 164.524 - Access of Individuals to Protected Health Information

This regulation establishes the individual's right to access and obtain copies of their protected health information.

45 CFR § 164.526 - Amendment of Protected Health Information

This regulation establishes the individual's right to request amendment of their protected health information.

45 CFR § 164.528 - Accounting of Disclosures

This regulation establishes the individual's right to receive an accounting of disclosures of their protected health information.

Legal Disclaimer

This Notice of Privacy Practices is provided for informational purposes and to comply with HIPAA and HITECH requirements. While prepared with reference to applicable regulations, this document does not constitute legal advice. AveeCare recommends that individuals with specific questions about their privacy rights consult with qualified legal counsel or contact their Healthcare Provider directly. AveeCare, LLC is a Business Associate and works with Healthcare Providers to protect your information in accordance with applicable law.

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