



Notice of Privacy Practices

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

We are committed to protecting the confidentiality of your health information, and are required by law to do so. This notice describes how we may use your health information within Mom's Meals, a PurFoods Company, and how we may disclose it to others outside Mom's Meals. This notice also describes the rights you have concerning your own health information. This Notice of Privacy Practices applies to all Mom's Meals' facilities and all personnel. This notice takes effect October 15, 2015, and remains in effect until we replace it.

Please review it carefully and let us know if you have questions.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will notify you promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing - you may change your mind at any time. Let us know in writing if you change your mind by contacting our Privacy Officer – contact information is at the end of this notice.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, contact us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family or others involved in your care
- Share information in a disaster relief situation

In the following cases we *never* share your information unless you give us written permission:

- Marketing purposes

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Business Operations

- We use and disclose your information to run our organization and to contact you when necessary.

Example: We use information about you to notify you of upcoming meal deliveries and remind you to order meals.

Example: We use information about you to conduct internal quality improvement activities.

Example: We use information about you to bill an agency for the service we provided to you.

External Audits

- We use and disclose your information if it is necessary to respond to an agency or governmental audit.

How else can we use or disclose your health information?

We are allowed or required to disclose your information in other ways – usually in ways that contribute to the public good. We have to abide by conditions in the law before we can share your information for such purposes.

Public health and safety issues

We can disclose health information about you for certain situations such as:

- Product recalls
- Reporting suspected abuse, neglect, or domestic violence

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it audits us to verify that we're complying with federal privacy law.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities.

Get a copy of your health information

- You can ask to see or get a copy of the health information we have about you.
- We will provide a copy or a summary of your health information, usually within 30 days of your request.

Ask us to correct health information

- You can ask us to correct your health information if you think it is incorrect or incomplete. Ask us how to do this.
- We may be unable to fulfil your request and if so, we will explain why in writing in a timely manner.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or cell phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or disclose

- You can ask us not to use or disclose certain health information for treatment, payment, or our operations.
- We may be unable to fulfil your request and if so, we will notify you in a timely manner.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the dates on which we've disclosed your health information for the six years immediately preceding the date you ask, who we disclosed it to, and why.
- We will include all disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one free accounting a year but may charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a copy of this notice at any time, even if you have agreed to receive the notice electronically. We will promptly provide you with a paper copy.

Choose someone to act for you

- If you have given someone health power of attorney, or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will verify that any person who contacts us has the authority to act on your behalf before we take any action.

File a complaint if you feel your rights are violated

- If you feel we have violated your rights you can complain by contacting our Privacy Officer – the contact information is on the last page of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by:
 - Sending a letter or filing an online complaint to the appropriate Office of Civil Rights Regional Office – information can be found at www.hhs.gov/hipaa/filing-a-complaint; or
 - Calling 1-800-368-1019 for further information
 - We will not retaliate against you for filing a complaint.

Changes to the Terms of this Notice

From time to time, we may change the terms of this notice, and the changes will apply to all information we have about you. If we do, the new notice will be on our website and available upon request. You can request a copy of our current Notice of Privacy Practices at any time by contacting our Privacy Officer.

Privacy Officer Contact Information

If you have any questions about this notice, or have further questions about how Mom's Meals may use or disclose your health information, please contact:

Privacy Officer
3210 SE Corporate Woods Drive
Ankeny, Iowa 50021
1 (844) 657-8714
compliance@momsmeals.com

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Mom's Meals® Nondiscrimination/Accessibility Notice

Mom's Meals does not discriminate, exclude, or treat people differently on the basis of race, color, national origin, age, disability, or sex. We provide the following for free:

- Communication aids and services to people with disabilities, such as:
 - Sign language interpreters
 - Written information in other formats
- Language services to people whose primary language is not English, such as:
 - Interpreters
 - Information written in other languages

If you need these services, contact Mom's Meals Translation Services at 844-657-8714. If you believe that we have failed to provide these services or discriminated on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by mail or by phone with:

Mom's Meals
Attn: Director of Compliance
3210 SE Corporate Woods Drive
Ankeny, IA 50021
1-844-657-8714
Fax: 515-266-0053
compliance@momsmeals.com

The Director of Compliance is available to help you file a grievance. You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically 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,
1-800-537-7697 (TDD)
Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>

Arabic

ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم
1-844-657-8714.

Chinese 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 1-844-657-8714。

French ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-657-8714.

German ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-844-657-8714.

Gujarati સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-844-657-8714.

Hindi ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-844-657-8714 पर कॉल करें।

Hmong LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-844-657-8714.

Italian ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-844-657-8714.

Korean 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-657-8714 번으로 전화해 주십시오.

Polish UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-844-657-8714.

Russian ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-657-8714.

Spanish ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-657-8714.

Tagalog PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-657-8714.

Urdu برادر: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں۔
1-844-657-8714

Vietnamese CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-657-8714.

Complaint, Grievance, Theft, Property Damage, and Property Claim

Mom's Meals strives to treat all clients with fairness and respect while providing excellent customer service. If at any time you have a complaint, grievance, problem, or find yourself needing to file a claim for property damage or theft please let us know so we can work together to find a resolution. Contact our Compliance Team at 1-844-657-8714. One of our team members will walk you through the appropriate process and steps.

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