Proeger & Associates, Inc. Privacy Practices and Office Procedures

<u>Privacy practices</u>: We use confidential information for planning and coordinating services as well as for receiving payment. Florida law requires that persons at imminent risk of harming themselves or others be reported. In addition, the abuse or neglect of elderly persons must be reported. We may provide confidential information when required by law, or for law enforcement purposes, legal proceedings, national security, or when required by the Secretary of the Department of Health and Human Services. Any other uses or disclosures of confidential information will be made only with written authorization.

Unless advised otherwise, we may communicate with you by telephone, cell phone, voice message, text message, e-mail, fax or letter. With respect to e-mail and text messages, we may do so without any encryption or other special protection. We will use reasonable precautions to protect confidential information from disclosure, including by cybersecurity breach or identity theft, consistent with our professional responsibilities. We believe that the benefits of using such technologies outweigh the risk of any such accidental disclosure.

If you have any questions regarding our privacy practices, please contact Charlene Proeger, 941-351-3640.

Office Procedures

<u>Referrals to other service providers:</u> Our referrals are based only on the best interest of the client. We adhere to the Aging Life Care Association Code of Ethics and Standards of Practice and avoid conflicts of interest. Proeger & Associates does not assume responsibility for the services of other providers.

<u>Office hours and urgent situations:</u> We check our messages regularly during business hours and get back to you as soon we are able. After business hours, weekends and holidays we respond to urgent matters as quickly as we are able, and respond to all other messages the next business day. For medical emergencies, dial 911 or go to your nearest emergency room and contact us when you are able. We do not provide 24/7 emergency services.

Acknowledgement of receipt of Privacy Prac	tices & Office procedures.	
Signature of client or responsible party	Date	
Printed name		