PC. IM05: Notice of Privacy Practices

PURPOSE

To provide for safeguarding of patient's privacy rights in compliance with HIPAA regulations.

POLICY

The privacy practices of the Agency, designed to protect the privacy, use and disclosure of protected health information, are clearly delineated in the agency's Notice of Privacy Practices, which was developed and is used in accordance with Federal requirements.

PROCEDURE

1. The privacy practices of The Agency are described in the Notice of Privacy Practices and are detailed in the privacy policies and procedures of the agency.

2. The Notice of Privacy Practices is given to all patients no later than the date of the first service delivery.

3. A good faith effort is made to obtain written acknowledgement of the patient's receipt of the Notice of Privacy Practices.

4. When written acknowledgement of the patient's receipt of the notice cannot be obtained, there is documentation to explain efforts made to obtain it and the reason(s) why it was not obtained.

5. The Notice of Privacy Practices is available to anyone who requests it.

6. The Notice of Privacy Practices will be revised as needed to reflect any changes in the Agency's privacy practices. Revisions to the notice will not be implemented prior to the effective date of the revised notice.

7. When revisions to the Notice of Privacy Practices are necessary, all current patients, employees, and business associates will receive a revised copy with notation of the changes made.

8. The Privacy Officer retains copies of the original Notice of Privacy Practices and any subsequent revisions for a period of six years from the date of its creation or when it was last in effect, whichever is later.

9. Documentation is retained for six years of the patient's written acknowledgement of receipt of the agency's Notice of Privacy Practices or of efforts made to obtain this written acknowledgement and the reason(s) why it was not obtained.

10. All employees and business associates of The Agency are required to adhere to the privacy practices as detailed in the Notice of Privacy Practices, privacy policies and procedures and business associate contracts.

11. Violations of the agency's privacy practices will result in disciplinary action up to and including termination of employment or contracts.

12. The Notice of Privacy Practices is reviewed with all current employees annually and with all new employees during their orientation to the agency.

PC.IM05 Attachment

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

"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."

Our Agency is required by law to maintain the privacy of protected health information and to provide you adequate notice of your rights and our legal duties and privacy practices with respect to the uses and disclosures of protected health information. [45 CFR § 165.520] We will use or disclose protected health information in a manner that is consistent with this notice.

The Agency maintains a record (paper/electronic file) of the information we receive and collect about you and of the care we provide to you. This record includes physicians' orders, assessments, medication lists, clinical progress notes and billing information.

As required by law, the agency maintains policies and procedures about our work practices, including how we provide and coordinate care provided to our patients. These policies and procedures include how we create, maintain and protect medical records; access to medical records and information about our patients; how we maintain the confidentiality of all information related to our patients; security of the building and electronic files, and how we educate staff on privacy of patient information.

As our patient, information about you must be used and disclosed to other parties for purposes of treatment, payment and health care operations. Examples of information that must be disclosed:

- Treatment: Providing, coordinating or managing health care and related services, consultation between health care providers relating to a patient or referral of a patient for health care from one provider to another. For example, we meet on a regular basis to discuss how to coordinate care to patients and schedule visits.
- Payment: Billing and collecting for services provided, determining plan eligibility and coverage, utilization review (UR), pre-certification, medical necessity review. For example, occasionally the insurance company requests a copy of the medical record be sent to them for review prior to paying the bill.
- Health care operations: General agency administrative and business functions, quality assurance/improvement activities; medical review; auditing functions; developing clinical guidelines; determining the competence or qualifications of health care professionals; evaluating agency performance; conducting training programs with students or new employees; licensing, survey, certification, accreditation and credentialing activities; internal auditing and certain fundraising and marketing activities. For example, our agency periodically holds clinical record review meetings where the consulting professional of our record review committee will audit clinical records for meeting professional standards and utilization review.

The following uses and disclosures do not require your consent, and include, but are not limited to, a release of information contained in financial records and/or medical records, including information and

treatment records and/or laboratory test results, medical history, treatment progress and/or any other related information to:

- Your insurance company, self-funded or third-party health plan, Medicare, Medicaid or any other person or entity that may be responsible for paying or processing for payment any portion of your bill for services; any person or entity affiliated with or representing us for purposes of administration, billing and quality and risk management;
- Any hospital, nursing home or other health care facility to which you may be admitted;
- Any assisted living or personal care facility of which you are a resident;
- Any physician providing you care;
- Licensing and accrediting bodies, including the information contained in the OASIS Data Set to the state agency acting as a representative of the Medicare/Medicaid program;
- Contact you to provide appointment reminders or information about other health activities we provide;
- Contact you to raise funds for the Agency; and
- Other health care providers to initiate treatment.

We are permitted to use or disclose information about you without consent or authorization in the following circumstances:

- In emergency treatment situations, if we attempt to obtain consent as soon as possible after treatment;
- Where substantial barriers to communicating with you exist and we determine that the consent is clearly inferred from the circumstances;
- Where we are required by law to provide treatment and we are unable to obtain consent;
- Where the use or disclosure of medical information about you is required by federal, state or local law;
- To provide information to state or federal public health authorities, as required by law;
- To prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify persons of recalls of products they may be using; notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence (if you agree or when required or authorized by law);
- Health care oversight such as audits, investigations, inspections and licensure by a government health oversight agency as authorized by law to monitor the health care system, government programs and compliance with civil rights laws;
- Certain judicial administrative proceedings if you are involved in a lawsuit or a dispute. We may disclose medical information about you in response to a court or administrative order, a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested;
- Certain law enforcement purposes such as helping to identify or locate a suspect, fugitive material witness or missing person, or to comply with a court order or subpoena and other law enforcement purposes;

- To coroners, medical examiners and funeral directors, in certain circumstances, for example, to identify a deceased person, determine the cause of death or to assist in carrying out their duties;
- For cadaveric organ, eye or tissue donation purposes to communicate to organizations involved in procuring, banking or transplanting organs and tissues (if you are an organ donor);
- For certain research purposes under very select circumstances. We may use your health information for research. Before we disclose any of your health information for such research purposes, the project will be subject to an extensive approval process. We will usually request your written authorization before granting access to your individually identifiable health information;
- To avert a serious threat to health and safety: To prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public, such as when a person admits to participation in a violent crime or serious harm to a victim or is an escaped convict. Any disclosure, however, would only be to someone able to help prevent the threat;
- For specialized government functions, including military and veterans' activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institution and custodial situations; and
- For workers' compensation purposes: workers' compensation or similar programs provide benefits for work-related injuries or illness.

We are permitted to use or disclose information about you without consent or authorization provided you are informed in advance and given the opportunity to agree to or prohibit or restrict the disclosure in the following circumstances:

1. Use of a directory (includes name, location, condition described in general terms) of individuals served by our Agency; and
2. To a family member, relative, friend or other identified person, the information relevant to such person's involvement in your care or payment for care; to notify family member, relative, friend, or other identified person of the individual's location, general condition or death.

Other uses and disclosures will be made only with your written authorization. That authorization may be revoked, in writing, at any time, except in limited situations.

YOUR RIGHTS

You have the right, subject to certain conditions, to:

- Request restrictions on uses and disclosures of your protected health information for treatment payment or health care operations. However, we are not required to agree to any requested restriction. Restrictions to which we agree will be documented. Agreements for further restrictions may, however, be terminated under applicable circumstances (e.g., emergency treatment).
- Confidential communication of protected health information. We will arrange for you to receive protected health information by reasonable alternative means or at alternative locations. Your request must be in writing. We do not require an explanation for the request as a condition of providing communications on a confidential basis and will attempt to honor reasonable requests for confidential communications.
- Inspect and obtain copies of protected health information, which is maintained in a designated record set, except for psychotherapy notes, information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding, or protected health information that is subject to the Clinical Laboratory Improvements Amendments of 1988 [42 USC § 263a and 45 CFR 493 (a)(2)]. If you request a copy of your health information, we will charge a reasonable fee for copying. If we deny access to protected health information, you will receive a timely, written denial in plain language that explains the basis for the denial, your review rights and an explanation of how to exercise those rights. If we do not maintain the medical record, we will tell you where to request the protected health information.
- Request to amend protected health information for as long as the protected health information is maintained in the designated record set. A request to amend your record must be in writing and must include a reason to support the requested amendment. We will act on your request within 60 days of receipt of the request. We may extend the time for such action by up to 30 days, if we provide you with a written explanation of the reasons for the delay and the date by which we will complete action on the request.
- We may deny the request for amendment if the information contained in the record was not created by us, unless the originator of the information is no longer available to act on the requested amendment; is not part of the designated medical record set; would not be available for inspection under applicable laws and regulations; and the record is accurate and complete. If we deny your request for amendment, you will receive a timely, written denial in plain language that explains the basis for the denial, your rights to submit a statement disagreeing with the denial and an explanation of how to submit that statement.
- Receive an accounting of disclosures of protected health information made by our agency for up to six years prior to the date on which the accounting is requested for any reason other than for treatment, payment or health operations and other applicable exceptions. The written accounting includes the date of each disclosure, the name/address (if known) of the entity or person who received the protected health information, a brief description of the information disclosed and a brief statement of the purpose of the disclosure or a copy of your written authorization or a written request for disclosure. We will provide the accounting within 60 days of receipt of a written request. However, we may extend the time period for providing the accounting by 30 days if we provide you with a written statement of the reasons for the delay and the date by which you will receive the information. We will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

- You may obtain a paper copy of this notice, even if you had agreed to receive this notice electronically, from us upon request.

NOTICE ABOUT PRIVACY
FOR PATIENTS WHO **DO NOT** HAVE MEDICARE OR MEDICAID COVERAGE

As a home health patient, there are a few things you need to know about our collection of your personal health care information.

Federal and state governments oversee home health care to be sure that we furnish, and that you receive, quality home health care services. We will make your information anonymous so that The Center for Medicare & Medicaid Services, the federal agency that oversees this home health agency, will not be able to identify you through the information collected.

**We keep anything we learn about you confidential

PRIVACY COMPLAINTS
If you believe that your privacy rights have been violated, you may complain to the Agency or to the Secretary of the U.S. Department of Health and Human Services. There will be no retaliation against you for filing a complaint. The complaint should be filed in writing and should state the specific incident(s) in terms of subject, date and other relevant matters. A complaint to the Secretary must be filed in writing within 180 days of when the act or omission complained of occurred and must describe the acts or omissions believed to be in violation of applicable requirements [45 CFR § 160.306]. Please contact us for further information on how to file a complaint.

We are required to abide by the terms of the notice currently in effect, but we reserve the right to change these terms as necessary for all protected health information that we maintain. If we change the terms of this notice (while you are receiving services), we will promptly revise and distribute a revised notice to you as soon as possible by mail, e-mail (if you have agreed to electronic notice) or hand delivery.