

# 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.**

## **USE AND DISCLOSURE OF HEALTH INFORMATION**

**VISITING HOMECARE** may use your health information, information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. Your health information may be used or disclosed only after the Agency has obtained your written consent. The Agency has established policies to guard against unnecessary disclosure of your health information.

SUMMARY OF THE CIRCUMSTANCES UNDER WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AFTER YOU HAVE PROVIDED YOUR WRITTEN CONSENT:

**To Provide Treatment.** The Agency may use your health information to coordinate care within the Agency and with others involved in your care, such as your attending physician and other health care professionals, family members, suppliers of medical equipment who have agreed to assist the Agency in coordinating care.

**To Obtain Payment.** The Agency may include your health information in invoices to collect payment from third parties for the care you receive from the Agency.

**To Conduct Health Care Operations.** The Agency may use and disclose health information for its own operations in order to facilitate the function of the Agency and as necessary to

provide quality care to all of the Agency 's patients. Health care operations includes such activities as:

- Quality assessment and improvement activities.
- Activities designed to improve health or reduce health care costs.
- Protocol development, case management and care coordination.
- Contacting health care providers and patients with information about treatment alternatives and other related functions that do not include treatment.
- Professional review and performance evaluation.
- Training of non-health care professionals.
- Accreditation, certification, licensing or credentialing activities.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business planning and development including cost management and planning related analyses and formulary development.
- Business management and general administrative activities of the Agency.

- Fundraising for the benefit of the Agency and certain marketing activities, unless requested not to.
- For example the Agency may use your health information to evaluate its staff performance, combine your health information with other Agency patients in evaluating how to more effectively serve all Agency patients, disclose your health information to Agency staff and contracted personnel for training purposes, use your health information to contact you as a reminder regarding a visit to you, or contact you as part of general fundraising and community information mailings (unless you tell us you do not want to be contacted).

**For Appointment Reminders.** The Agency may use and disclose your health information to contact you as a reminder that you have an appointment for a home visit.

**For Treatment Alternatives.** The Agency may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED WITHOUT FIRST RECEIVING YOUR WRITTEN CONSENT [check your State laws to ensure consistency with State law requirements].**

**When Legally Required.** The Agency will disclose your health information when it is required to do so by any Federal, State or local law.

**When There Are Risks to Public Health.** The Agency may disclose your health information for public activities and purposes.

**To Report Abuse, Neglect Or Domestic Violence.** The Agency is allowed to notify government authorities if the Agency believes a patient is the victim of abuse, neglect or domestic violence.

**To Conduct Health Oversight Activities.** The Agency may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. The Agency, however, may not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

**In Connection With Judicial And Administrative Proceedings.** The Agency may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when the Agency makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

**For Law Enforcement Purposes.** As permitted or required by State law, the Agency may disclose your health information to a law enforcement official for certain law enforcement purposes.

**Coroners And Medical Examiners.** The Agency may disclose your health information to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law.

**For Worker's Compensation.** The Agency may release your health information for worker's compensation or similar programs.

## **AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION**

Other than is stated above, the Agency will not disclose your health information other than with your written authorization. If you or your representative authorizes the Agency to use or disclose your health information, you may revoke that authorization in writing at any time.

## **YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION**

You have the following rights regarding your health information that the Agency maintains:

**Right to request restrictions.** You may request restrictions on certain uses and disclosures of your health information.

**Right to receive confidential communications.** You have the right to request that the Agency communicate with you in a specific way.

**Right to inspect and copy your health information.** You have the right to inspect and copy your health information, including billing records.

**Right to amend health care information.** You or your representative has the right to request that the Agency amend your records, if you believe that your health information is incorrect or incomplete.

**Right to an accounting.** You or your representative have the right to request an accounting of disclosures of your health information made by the Agency for any reason other than for treatment, payment or health operations. The request for an accounting must be made in writing.

**Right to a paper copy of this notice.** You or your representative has a right to a **separate paper copy of this Notice and all policies relative to it at any time** even if you or your representative has received this Notice previously. To obtain a separate paper copy, please contact: *Dana Weber @ VISITING HOMECARE, located at 2415 South Babcock Street, Suite E, Melbourne, FL 32901 phone number (321) 574-1622.*

## **DUTIES OF THE AGENCY**

The Agency is required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of its duties and privacy practices. The Agency is required to abide by the terms of this Notice as may be amended from time to time. The Agency reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all health information that it maintains. If the Agency changes its Notice, the Agency will provide a copy of the revised Notice to you or your appointed representative. You or your personal representative has the right to express complaints to the Agency and to the Secretary of DHHS at 200 Independent Ave, SW, Washington, DC, phone (Toll free) 877-696-6775, if you or your representative believes that your privacy rights have been violated. Any complaints to the Agency should be made in writing to **CONTACT *Dana Weber @ VISITING HOMECARE, located at 2415 South Babcock Street, Suite E, Melbourne, FL 32901, phone number (321) 574-1622.***

The Agency encourages you to express any concerns you may have regarding the privacy of your information. There will never be any type of retaliation against you for filing a complaint.

### **CONTACT INFORMATION**

The Agency has designated Dana Weber @ VISITING HOMECARE, located at 2415 South Babcock Street, Suite E Melbourne, FL 32901, phone number (321) 574-1622.

as the contact person for all issues regarding patient privacy and your rights under the Federal privacy standards. You may contact this person at the above number and or address.

### **EFFECTIVE DATE**

This Notice became effective beginning November 1, 2003.

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT Dana Weber @ VISITING HOMECARE, located at 2415 South Babcock Street, Suite E Melbourne, FL 32901, phone number (321) 574-1622.