

Home Healthcare Agency

Notice of Home Care 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

Home Healthcare Agency may use your health information 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.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES WHERE YOUR HEALTH INFORMATION MAY BE USED/DISCLOSED WITH YOUR CONSENT.

To Provide Treatment.

Home Healthcare Agency may use your health information to coordinate care within the Agency and with others involved in your care, such as your physician, therapists, case managers and others who assist us in coordinating care. We may disclose your health care information to individuals outside of the Agency who are involved in your care including family, pharmacists, medical equipment suppliers etc.

To Obtain Payment.

Home Healthcare Agency may disclose your health information to insurance companies as needed to collect payment for the care you receive from the Agency. The Agency may need to disclose information about your health status to obtain prior approval from your insurer and may need to explain your need for the home care services that will be provided to you.

To Conduct Health Care Operations.

Home Healthcare 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 clients. Health care operations includes such activities as:

- Quality assessment and improvement activities; Activities designed to reduce health care costs
- Protocol development, case management and care coordination
- Information about treatment alternatives and other functions that do not include treatment. - Professional review and performance evaluation.
- Training programs for students, trainees, or practitioners in health care, and non-health care professionals. (students and trainees would work with supervision)
- Accreditation, certification, licensing or credentialing activities; compliance and medical reviews, legal services and compliance programs.
- Business planning and development including cost management and planning related analyses and formulary development. Business management and administrative activities of the Agency.
- To contact you as part of 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.

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THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED WITHOUT FIRST RECEIVING YOUR WRITTEN CONSENT

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 in order to:

- Prevent or control disease, injury or disability, report disease, injury, vital events such as birth or death and the conduct of public health surveillance, investigations and interventions.
- Report adverse events, product defects, to track products or enable product recalls, repairs and replacements and to conduct post-marketing surveillance and compliance with requirements of the Food and Drug Administration.
- Notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.
- Notify an employer about an individual who is a member of the workforce as legally required.

To Report Abuse, Neglect Or Domestic Violence.

Home Healthcare Agency is allowed to notify government authorities if the Agency believes a client is the victim of abuse, neglect or domestic violence. The Agency will make this disclosure only when specifically required or authorized by law or when the client agrees to the disclosure.

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 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 we make 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 as follows:

- To report certain types of wounds or other physical injuries pursuant to the court order, warrant, subpoena or summons or similar process.
- To identify or locate a suspect, fugitive, material witness or missing person.
- Under certain limited circumstances, when you are the victim of a crime.
- If the Agency has a suspicion that your death was the result of criminal conduct - In an emergency in order to report a crime.

Notice of Home Care Privacy Practices

To 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.

To Funeral Directors.

The Agency may disclose your health information to funeral directors consistent with applicable law and to carry out duties with respect to your funeral arrangements. If necessary, the Agency may disclose your health information prior to and in reasonable anticipation of your death.

For Organ, Eye Or Tissue Donation.

The Agency may use/disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue.

For Research Purposes.

Dependable Care Inc. may, under very select circumstances, use your health information for research. Before the Agency discloses any of your health information for such research purposes, the project will be subject to an extensive approval process.

In the Event of A Serious Threat To Health Or Safety.

Dependable Care Inc. may, consistent with applicable law and ethical standards of conduct, disclose your health information if we believe that such disclosure is necessary to prevent/lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

For Specified Government Functions.

In certain circumstances, the Federal regulations authorize the Agency to use or disclose your health information to facilitate specified government functions relating to military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody.

For Worker's Compensation.

The Agency may release your health information for workers compensation or similar programs.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than stated above, **Home Healthcare Agency** will not disclose your health information without 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 **Home Healthcare Agency** maintains: -

Right to request restrictions.

You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on the Agency's disclosure of your health information to someone who is involved in your care or the payment of your care. However, the Agency is not required to agree to your request.

Notice of Home Care Privacy Practices

Right to receive confidential communications.

You have the right to request that the Agency communicate with you in a certain way. For example, you may ask that the Agency only conduct communications pertaining to your health information with you privately with no other family members present. If you wish to receive confidential communications, please notify your nurse/therapist during the admission procedure or as needed. The Agency will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.

- Right to inspect and COPY your health information.

You have the right to inspect and copy your health information, including billing records. If you request a copy of your health information, the Agency may charge a reasonable fee for copying and assembling costs associated with your request.

- Right to amend health care information.

You or your representatives have the right to request that the Agency amend your records, if you believe that your health information is incorrect or incomplete. That request may be made as long as the information is maintained by the Agency. The Agency may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your health information records were not created by the Agency, are not part of the Agency's records, the health information you wish to amend is not part of the health information you are permitted to inspect and copy, or if, in the opinion of the Agency, the records containing your health information are accurate and complete.

-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 should specify the time period for the accounting starting on or after Dec, 2013. Accounting requests may not be made for periods of time in excess of six (6) years. The Agency would 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.

-Right to a paper copy of this notice.

You/your representative have a right to a separate paper copy of this Notice at any time even if you or your have received this Notice previously. To obtain a separate paper copy, please contact us, **Home Healthcare Agency at 2489 Rice Street, Suite 295. Roseville, MN 55113**

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, we will provide a copy of the revised Notice to you or your appointed representative. You have the right to express complaints to the Agency and to the DHS if you believe that your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint.

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CONTACT PERSON

The Agency has designated **Tubtshwm Washington Yang, Compliance Officer** as its contact persons for all issues regarding client privacy and your rights under the Federal privacy standards. You may contact these persons at **Home Healthcare Agency at 2489 Rice Street, Suite 295. Roseville, MN 55113 Ph: (651) 493-6877**, if you have any questions or concerns about this privacy notice or your rights.

EFFECTIVE DATE: 07/01/2012

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY RIGHTS

I HAVE RECEIVED THE NOTICE OF PRIVACY RIGHTS AND HAD IT REVIEWED. I HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS AND BEEN NOTIFIED OF THE NAMES OF CONTACT PERSONS FOR FUTURE QUESTIONS.

Client/Responsible Party Signature

Date: mm/dd/yyyy

Agency Representative Signature

Date: mm/dd/yyyy