

## SECTION 4. 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.

**Protected Health Information (PHI):** While receiving care from our staff, information regarding your medical history, treatment and payment for your health care may be originated and/or received by us. Information which can be used to identify you and which relates to your past, present or future medical condition, receipt of health care or payment for health care ("Protected Health Information").

**Our responsibilities:** Federal law imposes certain obligations and duties upon us as a covered health care provider with respect to your Protected Health Information. Specifically, we are required to:

- Provide you with notice of our legal duties and our facility's policies regarding the use and disclosure of your Protected Health Information;
- Maintain the confidentiality of your Protected Health Information in accordance with state and federal law;
- Honor your requested restrictions regarding the use and disclosure of your Protected Health Information unless under the law we are authorized to release your Protected Health Information without your authorization, in which case you will be notified within a reasonable period of time;
- Allow you to inspect and copy your Protected Health Information during our regular business hours;
- Act on your request to amend Protected Health Information within sixty (60) days and notify you of any delay which would require us to extend the deadline by the permitted thirty (30) day extension;
- Accommodate reasonable requests to communicate Protected Health Information by alternative means or methods; and
- Abide by the terms of this notice.

### How Your Protected Health Information May Be Used and Disclosed

Generally, your Protected Health Information may be used and disclosed by us only with your express written authorization. Situations may also arise when it is necessary to disclose your Protected Health Information to health care providers outside our agency who may also be involved in your case. For example, pharmacists, lab technicians and durable medical equipment companies. However, there are some exceptions to this general rule.

**Treatment Purposes.** We may use or disclose your Protected Health Information for treatment purposes. During your care, it may be necessary for various personnel involved in your care to have access to your Protected Health Information in order to provide you with quality care. For example, nurses, therapists, aides and social workers. In addition, we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services which may be of interest to you.

**Payment Purposes.** Your Protected Health Information may also be used or disclosed for payment purposes. It is necessary for us to use or disclose Protected Health Information so that treatment and services provided by us may be billed and collected from you, your insurance company or other third-party payer. It may also be necessary to release your Protected Health Information to another health care provider or individual or entity covered by the HIPAA privacy regulations who has a relationship with you for their payment activities.

**\*Please note, we reserve the right to revise practices with respect to Protected Health Information and to amend this notice. Should our information practices change, we will mail you a revised notice. In addition, a current notice of our privacy practices may be obtained from the Administrator by calling (559) 432-2003.**

**Health Care Operations.** Your Protected Health Information may also be used for health care operations, which are necessary to ensure our staff provides the highest quality of care. For example, your Protected Health Information may be used for quality assurance or risk management purposes. We may at times remove information which could identify you from your record so as to prevent others from learning who the specific patients are. In addition, we may release your Protected Health Information to another individual or entity covered by the HIPAA privacy regulations that has a relationship with you for their fraud and abuse detection or compliance purposes, quality assessments and improvement activities, or review, evaluation or training of health care professionals or students.

**Notification and Communications to Individuals Involved in Your Care.** Unless you have informed us otherwise, your Protected Health Information may be used or disclosed by us to notify or assist in notifying a family member or other person responsible for your care. In most cases, Protected Health Information disclosed for notification purposes will be limited to your name and general condition. In addition, unless you have informed us otherwise, Protected Health Information may be released to a family member, relative or close personal friend who is involved in your care to the extent necessary for them to participate in your care. In the event you wish for any of these disclosures to be limited, please contact the Administrator at Compassionate Care Home Health Agency.

**Disaster Relief.** We may disclose your Protected Health Information to an organization assisting in disaster relief efforts; however, we will first ask your permission to disclose such information. If seeking your permission is not feasible, we will disclose the information if, in our professional judgment, we determine the disclosure is in your best interests or that you would not have objected to the disclosure.

**Special Circumstances.** Situations may arise which warrant us to use or disclose Protected Health Information without your consent or authorization. The law specifically allows us to use or disclose Protected Health Information without your consent or authorization in the following circumstances:

- **Public Health Activities.** We are allowed to use or disclose your Protected Health Information for public health activities and purposes. Examples of public health activities which warrant the use or disclosure of your Protected Health Information include:
  - Preventing or controlling disease, injury or disability;
  - Reporting births or deaths;
  - Reporting the abuse or neglect of a child or dependent adult;
  - Reporting reactions to medications or problems with products; or
  - Notifying individuals exposed to a disease that may be at risk for contracting or spreading the disease.
- **Health Oversight Activities.** Your Protected Health Information may be used or disclosed to a health oversight agency for activities authorized by law. Examples of health oversight activities include audits, investigations, inspections or judicial/administrative proceedings which you are not the subject. In most cases, the oversight activity will be for the purpose of overseeing the care rendered by our agency's compliance with certain laws and regulations.
- **Judicial and Administrative Proceedings.** If you are involved in a lawsuit or other administrative proceeding, we may release your Protected Health Information in response to a court or administrative order requesting the release. In some instances, we may also release Protected Health Information pursuant to a subpoena or discovery request but only if efforts have been made by the requestor to provide you with notice of the request and you failed to object or the objection was resolved in favor of disclosure, or in the alternative, the requestor has obtained a protective order protecting the requested information.

- **Victims of Abuse or Neglect.** Other than child and dependent adult abuse which is covered under public health activities, we may use or disclose your Protected Health Information to a protective services or social agency or other similar government authority, if we reasonably believe you have been the victim of abuse, neglect or domestic violence as long as you agree to such disclosure and we feel it is necessary to prevent serious harm to you or other individuals. If you are incapacitated and unable to agree to such a disclosure, we may release your Protected Health Information that would materially and adversely affect a law enforcement activity and the information will not be used, in any way, against you.
- **Law Enforcement.** We may also release your Protected Health Information to a law enforcement official for following purposes:
  - Pursuant to a court order, warrant, subpoena/summons or administrative request;
  - Identifying or locating a suspect, fugitive, material witness or missing person;
  - Regarding a crime victim, but only if the victim consents or the victim is unable to consent due to incapacity and the information is needed to determine if a crime has occurred, non-disclosure would significantly hinder the investigation, and disclosure is in the victim's best interest;
  - Regarding a decedent, to alert law enforcement that the individual's death was caused by suspected criminal conduct; or
  - By emergency care personnel if the information is necessary to alert law enforcement of a crime, the location of a crime or characteristics of the perpetrator.
- **Coroner, Medical Examiners, Funeral Homes.** Protected Health Information regarding a decedent may be released to a coroner or medical examiner for the purpose of identifying a deceased person, determining cause of death or other duties authorized by law. Protected Health Information regarding a decedent may also be disclosed to funeral directors if necessary to carry out their duties.
- **Specialized Government Functions.** Your Protected Health Information may be used or disclosed for a variety of government functions subject to some limitations. These government functions include:
  - Military and veterans activities;
  - National security and intelligence activities;
  - Protective service of the President and others;
  - Medical suitability determinations for Department of State officials;
  - Correctional institutions and law enforcement custodial situations; or
  - Provision of public benefits.
- **Organ Donation.** Your Protected Health Information may be used or disclosed by us to entities engaged in the procurement, banking or transportation of organs, eyes or tissues for the purpose of facilitating such donation and transplantation.
- **Workers' Compensation.** We are allowed to disclose your Protected Health Information as authorized and to the extent necessary to comply with laws relating to workers' compensation or other programs providing benefits for work-related injuries or illness without regard to fault.
- **More Stringent Laws.** Some of your Protected Health Information may be subject to other laws and regulations and afforded greater protection than what is outlined in this Notice. For instance, HIV/AIDS, substance abuse and mental health information are often given more protection. In the event your Protected Health Information is afforded greater protection under Federal or State law, we will comply with the applicable law.
- **Psychotherapy.** Most uses and disclosures of psychotherapy notes (if recorded by a covered entity) will require your authorization. There is no requirement; however, to describe how these notes are recorded or stored.

- **Marketing Purposes.** Most uses and disclosures for marketing purposes, including subsidized treatment communications, will require your authorization.
- **Sale of Protected Health Information.** Most disclosures of Protected Health Information that constitute the sale of Protected Health Information will require your authorization.
- **Fundraising Purposes.** You may be contacted for fundraising purposes; however, you have the right to opt out of such fundraising communications with each solicitation. The specific mechanism of the opt-out does not have to be included in the Notice of Privacy Practices.
- **To an Individual Health Plan.** You have the right to request restrictions on Protected Health Information disclosures to your health plan for health services or items paid out-of-pocket in full, and the covered entity must comply with such request.
- **Breach of Protected Health Information.** You will receive notification of any breach of your unsecured Protected Health Information. The breach notification process does not need to be outlined in detail in the Notice of Privacy Practices.
- **Other.** Other uses and disclosures not described in the Notice of Privacy Practices will be made only with authorization from you.

### Your Rights

Federal law grants you certain rights with respect to your Protected Health Information. Specifically, you have the right to:

- Receive notice of our policies and procedures used to protect your Protected Health Information;
- Receive notice of a statement from the agency if your Protected Health Information has been breached;
- Request that certain uses and disclosures of your Protected Health Information be restricted; provided, however, if we may release the information without your consent or authorization. We have the right to refuse your request;
- Access to your Protected Health Information; provided, however, the request must be in writing and may be denied in certain limited situations;
- Obtain an accounting of certain disclosures by us of your Protected Health Information for the past six (6) years;
- Revoke any prior authorizations or consents for use or disclosure of Protected Health Information, except to the extent that action has already been taken; and
- Request communications for your Protected Health Information are done by alternative means or at alternative locations.

This notice has been provided to you as a summary of how we will use your Protected Health Information and your rights with respect to your Protected Health Information. If you have any questions, need additional information or believe your privacy rights have been violated, you may file a complaint by contacting the Administrator at (559) 432-2003. If not satisfied, you may file a complaint with the Office of Civil Rights, US Department of Health and Human Services, 200 Independent Avenue, SW; Room 509F, HHH Building, Washington D.C. 20201.

### Effective Date

This Notice becomes effective September 1, 2013. Please note, we reserve the right to revise this notice at any time.