



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.

This notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability And Accountability Act (HIPPA). It describes how we may use or disclose your protected health information (PHI), with whom that information may be shared, and the safeguards we have in place to protect it. This notice also describes your rights to access and amend your PHI. You have the right to approve or refuse the release of specific information outside of our system except when the release is required or authorized by law or regulation.

We reserve the right to change the terms of this notice and to make the new notice provisions effective for all protected health information we maintain. Individuals may obtain a revised copy of this notice upon request.

Below is a description, including at least one (1) example of the types of uses and disclosures that we are permitted to make for each of the following purposes: treatment, payment, and health care operations:

TREATMENT

We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes, but is not limited to, providing durable medical equipment, supplies, education, and, when applicable, Clinical Respiratory Services, patient assessment and reports as ordered by your physician.

PAYMENT

Your PHI will be used, as needed, to obtain payment for your health care services. A bill may be sent to you or a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, prescription, equipment, supplies, medication, charges and payment due.

HEALTH CARE OPERATIONS

We may use or disclose, as needed, your PHI to support the daily activities related to your health care services. These activities include, but are not limited to, business management, general administrative activities, quality assurance, and compliance.

We may need your diagnosis, treatment, and outcome information in order to improve the quality or cost of care we deliver. These quality and cost improvement activities may include evaluating the performance of your health care professionals or examining the effectiveness of the treatment provided to you when compared to patients in similar situations. We may not personally identify you.

This information will then be used in an effort to continually improve the quality and effectiveness of the health care and services we provide.

Other Uses and Disclosures of Health Care Information

We may identify ourselves or use and disclose your PHI, as needed for the following:

- To gain access or call your place of residence to schedule an employee visit, delivery, verify supply needs, and, when necessary, leave a message on your answering machine
- To communicate with a family member, a relative, a personal representative or any person you identify that is responsible for your care or payment related to your care
- To request assistance from social services or protective services / agencies if there is a reasonable belief of abuse or serious threat to health or safety
- As required by law: Federal, State, or Local

- For law enforcement purposes and on responses to court orders or subpoenas
- For public health activities and purposes such as to control disease and injury
- To government agencies authorized by law to conduct health oversight activities, including audits, investigations, licensing
- To Worker's Compensation and other similar, legally-established programs
- To military, veterans, national security, intelligence, and other government authorities
- To business associates who provide services to us; examples include, but are not limited to, computer. Courier / delivery, payment / collections, and risk management services. We require our business associates to appropriately safeguard your health care information.

Your Health Information Rights

Specifically, you have the right to:

- ***Obtain a paper copy of this notice.*** Upon request, even if you have agreed to accept this notice electronically.
- ***Request further restrictions.*** On certain uses and disclosures of PHI we are not required to agree to any requested restriction(s).
- ***Inspect and or copy your health information.*** With few exceptions, you have the right to inspect and obtain a copy of your health information for as long as we maintain your PHI. However, this report does not apply to psychotherapy notes or information gathered for judicial proceedings. We may charge you a reasonable fee if you want a copy of your health information.
- ***Request to amend your health information:*** If you believe your health information is incorrect or incomplete, you may ask us to correct the information. You may be asked to make such requests in writing and to give a reason as to why your health information should be changed. However, if we did not create the health information that you believe is incorrect, or if we disagree with you and believe your health information is correct, we may deny your request. Requests to amend will be acted upon within 30 days unless an additional 30 days is agreed upon.
- ***Receive an accounting of disclosures of your health information other than for treatment, payment, or health care operations.*** You have the right to ask for a list of the disclosures of your health information we have made during the previous six (6) years, but the request cannot include dates before April 14, 2003. This list must include the date of each disclosure, who received the disclosed health information, a brief description of the health information disclosed and why the disclosure was made. We must comply with your request for a list within 60 days, unless you agree to a 30 day extension, and we not charge for the list, unless you request such a list more than once per year.
- ***Receive confidential communication of health information.*** You have the right to ask that we communicate your health information to you in different ways or places. For example, you may wish to receive information about your health status in a special, private room or through a written letter sent to a private address. We must accommodate reasonable requests.
- ***Complain.*** If you believe your privacy rights have been violated, you may file a complaint with us and with the Federal Department of Health and Human Services. We will not retaliate against you for filing such a statement. To file a complaint with either entity, please contact Tender Hearts Home Health for assistance.

If you wish to exercise any of your privacy rights or have questions regarding our privacy notice, please call Tender Hearts Home Health for assistance.