

Accessible Home Health Care of 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.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:

We will use and disclose elements of your protected health information (PHI) in the following ways:

Without your signed authorization:

- **Treatment** Your health information may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. For example, we may disclose health information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.
- **Payment:** We may use and disclose your health information so that we or others may bill and can receive payment for the treatment services provided to you. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of health information necessary for purposes of collection.
- **Health Care Operations** We may use or disclose, as needed, your health information in order to support our business activities including, but not limited to, quality improvement assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your health information with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your health information. For training or teaching purposes health information will be disclosed only with your authorization.
- When release is required or permitted by law, including in judicial settings and to health oversight regulatory agencies and law enforcement.
- To outside companies that assist in operating our health services, including but not limited to, accounting, auditing and other services provided by these "business associates."
- In emergency situations, public health activities and health oversight or to avert serious health/safety situations or report abuse and neglect.
- To medical examiners, coroners or funeral directors to aid in identifying you or to help them in performing their duties.
- To organ, tissue and other donations organization, upon or proximate to your death, if we have no indication on hand about your donation preferences (or a positive indication).
- To a family member, relative or other involved in your health care or payment thereof, unless you object, which you have the right to do.
- To contact you about appointment reminders, treatment alternatives and other health related benefits and services.
- To the sponsor of your health plan
- **As Required by Law:** We will disclose health information when required to do so by international, federal, state or local law.
- **Electronic Health Records** and/or health information exchanges: collecting patients clinical data across sites of care to provide more complete and timely information for treatment, as well as supporting quality improvement and reporting. Password protected Electronic Data includes, but is not limited to Accessible servers, portable storage devices, digital cameras (i.e., hand held or those via cellular communication), e-mail, laptops, PDA's, zip drives, USB devices, memory cards, any devices that contains or transmits company owned health information. All eMedia is secure, and accountability procedures in place.

Other

- All other uses and disclosure by us will require us to obtain from you a written authorization in addition to any other permission you will provide us. For example, we need written authorization before we sell your health information or in most instances, market a third party's services to you, if we're receiving remuneration for that marketing. You may revoke such Authorization.
- Psychotherapy notes, patient authorization is needed for the use and disclosure.

Your rights: You have the following rights concerning your health information:

- **Restrictions:** To request restricted access to all or part of your health information, contact the Accessible HIPAA Privacy and Security Officer. We are not required to grant your request unless the restriction is to not tell your insurance company about a treatment and you or someone on your behalf has paid out of pocket for that treatment in full.
- **Confidential communications:** To received correspondence of confidential information by alternate means or location. To do this, contact the HIPAA Privacy and Security Officer.

- **Access:** To inspect your protected health information contact the HIPAA Privacy and Security Officer. To request copies of your protected health information, we will provide a summary of your health information, typically within 30 days of your request. Accessible may charge a reasonable, cost-based fee.

Breach notification: To be notified in the event that we or one of our business associates discovers a breach of unsecured health information involving your medical information.

Revocation of an authorization: To revoke an authorization you've provided contact the HIPAA Privacy and Security Officer.

Amendments: To request changes be made to your health information, the HIPAA Privacy and Security Officer. We are not required to grant your request.

Accounting: To receive an accounting of the disclosures by us of your health information in the six years prior to your request, contact the HIPAA Privacy and Security Officer.

This notice: To get electronic or paper copy of updates or reissue of this notice, at your request, contact the HIPAA Privacy and Security Officer.

Complaints: To complain to us or the U.S. Dept. of Health & Human Services if you feel your privacy rights have been violated. To register a complaint with us, contact the HIPAA Privacy and Security Officer. **You will not be penalized for filing a complaint.**

Our duties: Accessible Home Health Care is required by law to maintain the privacy of your health information and to provide you with notice of our legal duties and privacy practices regarding health information. We must abide by the terms of this notice or any update of this notice. Accessible reserves the right to change the terms of this notice and to make new provisions effective retroactively to all health information that it maintains.

Privacy contact: For more information about our privacy practices, please contact:

Accessible Home Health Care

Contact: _____, Privacy Officer

Phone: _____

Address: _____

Effective date: This notice is effective as of: September 23, 2013. Revised, 2016.

By signing the below, I acknowledge I have received receipt of this **HIPPA Notice of Privacy Practices** I also acknowledge I have read, understand this notice and have had the opportunity to ask any questions and have them answered to my satisfaction.

Patient Signature: _____ Date: _____

Print name of patient: _____

If you are signing as the patient's representative:

Print your name: _____

Describe your authority: _____