

# **Notice of Privacy Policies & Practices**

## **Primecare Home Health**

**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.**

Primecare Home Health is providing this Notice of Privacy Policies & Practices because the privacy of your health information is very important to you and to us. This Notice complies with the Federal regulations regarding the privacy of your health information. By “your health information” we mean the information that we maintain that specifically identifies you and your health status.

### **Summary**

This Notice describes how we use your health information within Primecare Home Health and disclose it outside Primecare Home Health, and why.

The Notice covers:

- A. Uses or disclosures that do not require your written authorization;
  - 1. Treatment, payment, and health care operations.
- B. Uses or disclosures that require your written authorization.
- C. Your rights as a patient regarding privacy of your health information.
- D. Our duties in protecting your health information.
- E. Uses of your health information to which you may object.
- F. Uses or Disclosures Required or Permitted
- G. Requests, complaints, contact person, effective date, and acknowledgment.

### **Uses or disclosures which do not require your written authorization**

#### **A. Treatment, Payment, and Health Care Operations**

We use or disclose your health information to carry out your treatment; to obtain payment for your treatment; and to conduct health care operations.

For example:

- For treatment: we use your health information to plan, coordinate, and provide your care and treatment.
  - We disclose your health information to physicians and other health care professionals outside our agency who are involved in your care.
  - And we disclose your health information to bill Medicare or other third parties for payment for your care and treatment.
- For payment, we use your health information to prepare documentation required by your insurance company, HMO, Medicare or Medicaid.
  - 1. We disclose that part of your health information that these organizations require to pay us.

- For health care operations, we use or disclose your health information, for example, to improve the quality of our services, to plan better ways of treating patients, and to evaluate staff performance.

### **B. Uses or disclosures that require your written authorization**

Your written authorization, which you may revoke (in writing), is required if we use or disclose your health information for any purpose other than for treatment, payment or health care operation, unless required by law or otherwise provided in the Federal regulation as set forth below, in particular:

1. Our use of psychotherapy notes beyond treatment, payment, and health care operations.
2. Marketing of goods or services to you.
3. Disclosure to any persons other than those listed in item E, below.
4. Disclosure to persons through the Agency website with a special access code.

### **C. Your Rights As A Patient to Privacy Of Your Health Information**

#### **1. Right to Request Restrictions**

- You have the right to request restrictions on our uses and disclosures of your health information, however we may refuse to accept the restriction.

#### **2. Right to Request Confidential Communications**

- You have the right to request that we communicate with you confidentially, for example to speak with you only in private; to send mail to an address you designate; or to telephone you at a number you designate. Your request must be in writing. We will make every attempt to honor your request.

#### **3. Right to Request Access to Your Health Information**

- You have the right to request access to your health information in order to inspect or copy it. Your request must be in writing on a form the Agency will provide. We may deny your request and, if so, you may request a review of the denial. However, we will make every attempt to honor your request. You may ask Agency caregiver for an Access Request form and a copy of the Access Procedures at any time.

#### **4. Right to Request an Amendment of Your Health Information**

1. You have the right to request an amendment to your health information. Your request must be in writing and must provide a reason for the amendment. We may deny your request and, if so, you may submit a statement of disagreement. However, we will make every attempt to honor your request.

#### **5. Right to Request an Accounting of Disclosures of Your Health Information**

- You have the right to request an accounting of our disclosures of your health information for purposes other than treatment, payment, and health care operations. We will make every attempt to honor your request. We are not required to provide an accounting for disclosures before April 14, 2003 or for more than 6 years prior to the date of your request.

#### 6. Right to Obtain a Paper Copy of this Notice

1. If you received this Notice electronically, you have the right to receive a paper copy, and you may request a paper copy from the Agency. The Agency has a form for your use in exercising any of these rights. To exercise any of these rights, you may contact the Agency staff, Director of Nursing Services or Administrator for the Agency, or you may write or call the Agency's Compliance/Privacy Officer.

#### **D. Our Duties in Protecting Your Health Information**

1. We are required by law to maintain the privacy of your health information.
2. We must inform patients or their legal representatives of our legal duties and privacy practices with respect to health information. This Notice discharges that duty.
3. We must abide by the terms of the Notice currently in effect.
4. We reserve the right to change the terms of this Notice and to make the new notice provisions effective for all health information that we maintain.
5. At any time, you may obtain a copy of the current notice from the Agency Director of Nursing Services or Privacy Officer.
6. The Agency may not require or request you to waive your rights under the Privacy Rule as a condition of the provision of treatment, payment, enrollment in a health plan, or eligibility for benefits.

#### **E. Uses or Disclosures of Your Health Information to Which You May Object**

We may use or disclose your health information for the following purposes, unless you object and request we not. Your objections, if any, and any restrictions or authorizations you wish to place on the disclosure of your health information will be recorded by the Agency.

1. Informing family and friends. Disclosures of your health information to family, friends, or others identified by you who are involved in your care.
2. Assistance in disaster relief efforts.
3. Confirming our visits to your home or other appointments.
4. Informing you about treatment alternatives or other health-related benefits and services that may be of interest to you.

#### **F. Uses or Disclosures Required or Permitted Without Your Authorization**

Where we are required or permitted to do so, we may use or disclose your health information in the following circumstances without your written authorization.

- a. Federal government investigation, when required by the Secretary of Health

and Human Services to investigate or determine our compliance with federal regulation.

- b. Federal, state or local law requirements.
- c. Public health activities, for example to report communicable diseases or death; or for matters involving the Food and Drug Administration.
- d. Reporting of abuse, neglect or domestic violence.
- e. Health oversight activities by a health oversight agency. (A health oversight agency is an organization authorized by the government to oversee eligibility and compliance and to enforce civil rights laws.)
- f. Judicial or administrative proceedings, for example responding to a court order or subpoena.
- g. Law enforcement purposes, for example to report certain types of wounds or other physical injuries or to identify or locate a suspect, fugitive, material witness, or missing person.
- h. Use by coroners, medical examiners, or funeral directors.
- i. Facilitating organ, eye, or tissue donation.
- j. Research, provided that very strict controls are enforced.
- k. Averting a serious threat to your health or safety or that of the public.
- l. Specialized government functions such as military or veterans' affairs; national security, and intelligence activities.
- m. Workers' compensation

**G. Requests, Complaints, Contact Person, Effective Date, and Acknowledgment**

- 1. You have the right to lodge a complaint with the Agency and/or with the Secretary of the U.S. Department of Health and Human Services if you believe your privacy rights have been violated.
- 2. You will not be retaliated against for filing a complaint.
- 3. Complaints must be filed in writing, and may be received by mail, fax, or email. You may make any requests, obtain additional information, or file a complaint with our Agency by writing to the Agency Compliance Officer:

William E. Clark  
115 Maple Avenue  
Russellville, AL 35653

- 4. You may file a complaint with the Secretary of Health and Human Services by writing to:

Secretary of Health and Human Services  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

**This notice is effective April 14, 2003.**

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