

**ACCESS NURSING SERVICES NOTICE OF PRIVACY PRACTICES
As Required By The Privacy Regulations Promulgated Pursuant To
The Health Insurance Portability And Accountability Act Of 1996 (HIPAA)**

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND SHARED AND HOW YOU CAN GET ACCESS TO YOUR PERSONAL HEALTH INFORMATION.

PLEASE REVIEW THIS INFORMATION CAREFULLY

OUR COMMITMENT TO YOUR PRIVACY

Our organization is dedicated to maintaining the privacy of your health information. We call this information “protected health information” or “PHI” for short. In conducting our business, we will create and receive information about your past, present, and future health conditions. This information will be used or shared for treatment and services we provide to you and to obtain payment for these services. Because this information can be used to identify you we are required by law to maintain the privacy of this health information. We are also required by law to provide you with this notice of our legal duties and privacy practices concerning your PHI. By law, we must give you information and follow the privacy practices as listed in this notice.

This notice provides you with the following information:

- How, when, and why we may use and share your protected health information.
- Your privacy rights related to your protected health information.
- Our obligations concerning the use and sharing of your protected health information.

The terms of this notice apply to all records containing your protected health information that are created or retained by our agency. We reserve the right to revise or amend our notice of privacy practices. Any revision or amendment to this notice will be effective for all of your records our agency has created or maintained in the past, and for any of your records we may create or maintain in the future. Our organization will post a copy of our current notice in our offices in a prominent location, and you may request a copy of our most current notice during any office visit.

**IF YOU HAVE QUESTIONS ABOUT THIS INFORMATION PLEASE CONTACT
THE BRANCH NEAREST YOU.**

[CLICK HERE FOR ACCESS NURSING SERVICES LOCATIONS](#)

WE MAY USE AND SHARE YOUR HEALTH INFORMATION IN THE FOLLOWING WAYS:
We use and share health information for many different reasons.

A. Information We May Use and Share Which Does Not Require Your Permission

We may use and share your PHI without your permission for the following reasons:

1. For treatment. Our organization may share your PHI with nurses, home health aides, doctors, hospitals, and other health care workers who provide you with health care services or are involved in

your care. Many of the people who work for our organization may use your PHI in order to arrange services for you. Additionally, we may disclose your PHI to others who may assist in your care such as your spouse, children, or parents.

2. To Obtain Payment for Treatment. Our organization may use and share your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits and the range of those benefits. We may provide your insurer with details regarding your treatment to determine if your insurer will pay for it. We also may use and share your PHI to obtain payment from third parties that may be responsible for such costs, such as family members, or to bill you directly for services and items.

3. For Health Care Operations. Our organization may use and share your PHI to operate our business. As examples of the ways in which we may use and share your information our organization may use your health information to evaluate the quality of care you received or to evaluate the performance of the health care workers who provided services to you. We may also provide your PHI to our accountants, attorneys, consultants, and others in order to make sure we are following the laws that affect us.

4. Appointment Reminders and Health-Related Benefits and Services. Our organization may use and share your PHI to contact you and remind you of visits or give you information about health-related benefits or services that may be of interest to you.

5. Disclosures Required By Federal, State, or Local Law, Judicial or Administrative Proceedings, or Law Enforcement. Our organization may use and share your PHI in response to a court or administrative order if you are involved in a lawsuit or similar proceeding. We also may share your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested. We may release PHI if asked to do so by law enforcement officials for the following reasons:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
- Concerning a death we believe might have resulted from criminal conduct
- Regarding criminal conduct at our offices
- In response to a warrant, summons, court order, subpoena or similar legal process
- To identify/locate a suspect, material witness, fugitive or missing person
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)
- In cases of abuse, neglect, or domestic violence

6. For Public Health Activities. Our organization may share your PHI with public health authorities that are authorized by law to collect information about births, deaths and various diseases. We may give coroners, medical examiners, and funeral directors necessary information relating to an individual's death. We may share your PHI when it is necessary to tell a person about potential exposure to a communicable disease such as tuberculosis or a potential risk for spreading or contracting a disease or condition. Other times that we may share your PHI relate to reporting reactions to drugs or problems with or recall of products or devices.

7. For Health Oversight Activities. Our organization may share your PHI with a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

8. For Serious Threats to Health or Safety. Our organization may use and share your PHI, when necessary, to reduce or prevent a serious threat to the health and safety of an individual or the public. Under these circumstances, we will only tell the person or organization able to help prevent the threat.

9. For Specific Government Functions. Our organization may share your PHI if you are a member of United States or foreign military forces (including veterans) and if required by the appropriate military command authorities. We may share PHI for intelligence and national security activities authorized by law and in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

10. For Purposes of Organ Donation. We may notify organ donor programs to assist them in organ, eye, or tissue donation and transplants.

11. For Research Purposes. In certain circumstances, we may share PHI in order to conduct medical research.

12. For Inmates. Our organization may give PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

13. For Workers' Compensation Purposes. We may give PHI in order to comply with workers' compensation laws.

B. You May Object to Our Use and Sharing of Your Protected Health Information with Family/Friends. Our organization may release your PHI to a friend or family member that is helping you pay for your health care, or who assists in taking care of you.

C. All Other Uses and Sharing Require Your Written Permission First. Our organization will obtain your written permission to use and share your PHI in those situations that are not identified by this notice or permitted by applicable law. Any permission you provide to us regarding the use and disclosure of your protected health information may be taken away at any time in writing. After you take away your permission we will no longer use or share your PHI for the reasons described in the permission. Please note, we are required to retain records of your care.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights regarding the protected health information that we maintain about you:

1. Confidential Communications. You have the right to request that our organization communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than at work. In order to request a type of confidential communication, you must make a written request to the local Branch Manager or Clinical Service Director stating the requested method of contact, or the location where you wish to be contacted. Our organization will agree to reasonable requests. You do not need to give a reason for your request.

2. Requesting Restrictions. You have the right to request a restriction in our use or sharing of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we limit our sharing of your PHI to individuals involved in your care or the payment of your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make a written request to the local Branch Manager or Clinical Service Director. Your request must clearly describe in a clear, brief manner (a) the information you wish restricted; (b) whether you are requesting to limit our agency's use, sharing, or both; and (c) to whom you want the limits to apply.

3. Inspection and Copies. You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit a written request to the HIPAA Compliance Officer in order to inspect and/or obtain a copy of your PHI. Our organization may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our agency may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Reviews will be conducted by another licensed health care professional chosen by us.

4. Amendment. You may ask us to change your PHI if you believe it is incorrect or incomplete, and you may request a change for as long as the information is kept by or for our organization. To request a change, a written request must be submitted to local Branch Manager or Clinical Service Director. You must provide us with a reason that supports your request for changes. Our organization will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is: (a) accurate and complete; (b) not part of the PHI kept by the organization; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our organization, unless the individual or entity that created the information is not available to change information.

5. Accounting of PHI Release. All of our patients have the right to request an "accounting of PHI release." An "accounting of PHI release" is a list of the PHI released by our organization about you. In order to obtain a list of the information shared you must submit a written request to the local Branch Manager or Clinical Service Director. All requests for an "accounting of released PHI" must state a time period which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12 month period is free of charge, but our agency may charge you for additional lists within the same 12 month period. Our organization will notify you of the costs involved with additional requests, and you may withdraw your request before you are charged.

6. Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of our Notice of Privacy Practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact the local Branch Manager or Clinical Service Director.

7. Right to file a Complaint. If you believe your privacy rights have been violated, you may file a complaint with our organization or with the Secretary of the Department of Health and Human Services. To file a complaint with our organization, contact the HIPAA Compliance Officer. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Written Requests Related to Your Privacy Rights can be submitted to the Branch Manager at the office locations listed on the front of the Client Orientation Manual for Home Care clients. Private duty clients can submit their written requests to the Private Duty Office of your institution.

