

Traditional Home Health and Hospice

NOTICE OF PRIVACY PRACTICES

This notice of Privacy Practices describes how we may use and disclose your protected information (PHI) to carry out treatment, payment, or health care operations, and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. Protected Health Information is information about you, including demographic information, which may identify you and that refers to your past, present, or future physical or mental health or condition and related health care services. Electronically stored PHI is referred to as ePHI.

We are required by law to maintain the privacy of your Protected Health Information (PHI), provide you with this Notice of our legal duties and privacy practices related to you PHI, and abide by the terms of the Notice that are currently in effect.

1. Uses and Disclosures of Protected Health Information.

Your protected health information may be used and disclosed by your physician, our office staff, and/or other outside health care facilities that are or were involved in your care and treatment for the purposes of providing health care to you, to receive payment for health care services provided to you, or to support the operations of the agency, and any other use required by law.

Treatment: We will use and disclose your PHI to provide, coordinate, or manage your healthcare or any related services. This includes medical information about you to doctors, nurses, technologists, and other office personnel who are involved in your care.

For example, we may use your PHI for consultation with our physicians for consultation purposes.

Payment: Your PHI will be used, as needed, to obtain payment for your health care services.

For example, your insurance company may require relevant PHI to be disclosed to the health plan to obtain approval for or payment for your healthcare services.

Healthcare Operations: We may use or disclose your PHI to others for our business operations.

For example, we may use your PHI to maintain and improve patient care, evaluate our services, and educate our staff.

We may use or disclose your PHI in the following situation without your authorization. These situations include: as Required by Law, Public Health Issues as Required by Law, communicable Diseases, Health Oversight, Abuse or Neglect, Food and Drug Administration requirements: Legal Proceedings: Law Enforcement, Coroners, Funeral Directors, and Organ Donation: Criminal Activity: Military Activity and National Security: Worker's Compensation: Inmates: Required Uses and Disclosures: Under the law, we must make disclosure to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance of Section 164.500.

Other Permitted and Required Use and Disclosures will be made only with your authorization or opportunity to object unless required by law.

We will disclose your PHI with business associates that perform various activities (e.g. billing, auditing) for the agency. To protect and safeguard your health information we require our Business Associates and subcontractors to appropriately safeguard your information.

We may disclose your PHI with a family member, caregiver, legal guardian or personal representative who is involved in your care. If you become deceased we may disclose your PHI to an executor or administrator of your estate, to the extent that person is acting as your personal representative or to your next of kin, as permitted under state and federal laws.

We will use and disclose your PHU other than as described in this Notice or required by law only with your written authorization. You may revoke your authorization to use or disclose PHI in writing at any time. To revoke your authorization, contact our Administrator. If you revoke your authorization, we will no longer use or disclose your PHI for the purposes covered by the authorization, except where we have already relied on the authorization.

Fundraising: We may contact you or your personal representative to raise money for the Provider. You have the right to opt out of or restrict your receiving future fundraising communications. Your request to opt out of receiving future fundraising communications will revoke and prior authorizations and you will not receive any future communications.

Marketing, Treatment Alternatives, and Health Related Benefits: In most circumstances, we are required by law to receive your written authorization before we use or disclose your health information for marketing purposes. Under NO circumstances will we sell our patient lists or your PHI to a third party without your written consent. We may contact you to provide information about treatment alternatives and other health related benefits and services that may be of interest to you.

2. Your Rights Regarding Your Health Information

You have the following rights regarding medical information we maintain about you:

Right of Access to Protected Health Information: You have the right to inspect and obtain your PHI subject to some limited exceptions. Under federal law, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI is subject to law that prohibits access to PHI. Your request must be in writing to our Administrator or Director of Nursing. You have the right to access your information in an electronic format, if available. We must allow you to inspect your records within 10 days of your request. If you request copies of the records, we must provide you with the copies within a reasonable time but not more than 30 days if the records are maintained on site or 60 days if the records are maintained off site. Under certain circumstances, we may extend the time to provide you with copies for an additional 30 days. We may charge a reasonable fee for our costs in copying and mailing your requested information or provision of information in an electronic format.

Right to Receive notice of a Breach: You have the right to receive notification from us if any breach of your unsecured PHI occurs.

Right to Request Restrictions: you have the right to request restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is

involved in your care like a family member or friend. For example, you could ask that we not use or disclose your PHI regarding treatment or findings. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

The request for restriction on disclosure must be submitted in writing. In your request you must tell us 1) what information you want to limit, 2) whether you want to limit our use, disclosure, or both; and 3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Accounting of Disclosures: You have a limited right to receive accounting of all disclosures we make to other persons or entities of your medical records information except for disclosures required for treatment, payment, and health care operations, disclosures that require an Authorization, disclosures incidental to another permissible use or disclosure, and otherwise as allowed by law. We will not charge you for the first accounting in an 12 month period; however, we will charge you a reasonable fee for each subsequent request for an accounting within the same 12 month period.

Right to Amend: You have the right to have your PMI amended. If you feel that medical information we have about you is incorrect or incomplete, you may the Provider to amend the information, if it is accurate. Requests to your PHI must be submitted in writing. We may deny your request to amend your PHI in certain very limited circumstances.

Right to a Paper Copy of This Notice: You have a right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. The Notice of Privacy Practices will be available on our website along with any revisions. All requests related to your rights herein must be made in writing and addressed to our Administrator at the address noted below.

Right to Request Confidential Communication: You have the right to request that we communicate with you about Medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. Your request for confidential communications must be submitted in writing. Your request must specify how or where you wish to be contacted.

Changes to This Notice: We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will promptly revise and distribute this notice whenever there is a material change to the uses or disclosures, your individual rights, our legal duties, or other privacy practices stated in this Notice. You can obtain a copy of this notice electronically at www.traditionalhomehealthcare.com or by contacting our office at 570-207-9286.

Complaints: If you believe your privacy rights have been violated, you may file a complaint in writing with us or the Office of Civil Rights in the U.S. Department of Health and Human Services. To file a complaint with us or for more information regarding filing a complaint, contact our Administrator. No one will retaliate or take action against you for filing a complaint.

If you have any questions about the Notice or would like further information concerning your privacy rights, contact our office Traditional Home Health and Hospice 113 West Drinker Street, Dunmore Pa. 18512. Or call us @ 570-207-9286.

Revised Date of Notice - effective September 1, 2013.