



## Home Health Services

### HIPAA

#### JOINT NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed by Home Health Services, and how you can access this information. **Please review it carefully.** If you have any questions about this notice, please contact Holland Hospital's Privacy Officer at (616) 494-4180.

#### WHO WILL FOLLOW THIS NOTICE

This notice describes the medical information practices of Home Health Services and that of:

- Any health care professional authorized to enter information into your Home Health Services chart including physicians, therapists, and other non-employees of Home Health Services who have been approved to provide services.
- Any member of a volunteer group we allow to help you while you are receiving care from Home Health Services.
- All employees, medical staff and other Home Health Services personnel.
- All these people follow the terms of this notice. In this notice, each reference to "we" is meant to include all of the above entities, providers, sites and locations. These people, sites and locations may share medical information with each other for treatment, payment or operations purposes (described in this notice).

#### OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you received from Home Health Services. We need this record to provide you with quality care and to comply with certain legal requirements. We also use your medical record to obtain payment for treatment provided you, for administrative and operational purposes and to evaluate the quality of care provided you. This notice applies to all of the records generated by Home Health Services.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to medical information about you.
- Follow the terms of the notice that is currently in effect.

#### HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, or other health professionals who are involved in taking care of you at your home. For example, we may use and disclose information about whether you are experiencing pain to a doctor who may be treating your illness

to ensure your comfort during our care. We also may disclose medical information about you to people outside your home who may be involved in your medical care, such as family members, clergy or others we use to provide services that are part of your care.

• **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or third party. For example, we may need to give your health plan information about care you received from Home Health Services so your health plan will pay us or reimburse you. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**For Health Care Operations.** We may use and disclose medical information about you for Home Health Services operations. These uses and disclosures are necessary to run Home Health Services and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you.

• **Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment or scheduled visit with a nurse, therapist or other staff member.

• **Sale and Marketing.** We do not sell your medical information or disclose it to companies that wish to sell you their products. We may engage in face-to-face communication with you about alternative treatment options available to you, or communicate to you our health related services. We may also give you promotional gifts of nominal value as a method of marketing our services. Before we can use medical information for other marketing purposes or receive payment for sending marketing communications, we must first obtain your written authorization.

• **Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

• **Business Associates.** We may disclose your health information to our business associates, such as a computer consultant or copy service, so that they can perform the job we have asked them to do. To protect your health information, we require all business associates to appropriately safeguard your information.

• **Fundraising.** We may use and disclose your medical information for fundraising communications; however, you have the right to opt out of receiving such future communications. We may use medical information about you to contact you in an effort to raise money for Home Health Services and their operations. We may disclose medical information to a foundation related to Home Health Services so that the foundation may contact you in raising money. We only would release contact information, such as your name, address, age, gender, phone number and the dates you received treatment or services. If you do not want Home Health Services to contact you for fundraising efforts, you must notify Holland Hospital Fund Development by calling or writing them. See contact list.

• **Psychotherapy Notes.** Psychotherapy notes about you may be used and disclosed without your written authorization in the following situations:

- The mental health professional who created the notes may use them to provide you with further treatment;
- The mental health professional who created the notes may disclose them to students, trainees or practitioners in mental health who are learning under supervision to practice or improve their skills in group, joint, family, or individual counseling; the mental health professional who created the notes may disclose them as necessary to defend his or herself or Home Health Services in a legal proceeding initiated by you or your personal representative;
- The mental health professional who created the notes may disclose them as required by law;
- The mental health professional who created the notes may disclose the notes to appropriate government authorities when necessary to avert a serious and imminent threat to the health or safety of you or another person;

- The mental health professional who created the notes may disclose them to the United States Department of Health and Human Services when that agency requests them in order to investigate the mental health professional's compliance, or Home Health Service's compliance, with Federal privacy and confidentiality laws and regulations;
  - The mental health professional who created the notes may disclose them to medical examiners and coroners, if necessary, to determine your cause of death.
- All other uses and disclosures of psychotherapy notes require your special written authorization.

• **Patient Satisfaction Surveys.** We may use your medical information to contact you to get your opinions on the care you received from Home Health Services. We may disclose medical information about you to a contracted survey/research firm who may contact you to get your opinions on the care you received. If you do not want the Home Health Services to contact you for a satisfaction survey, you must notify Patient Relations by calling or writing them. See contact list.

**Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care.

• **Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same conditions. All research projects, however, are subject to a special approval process.

• **As Required By Law.** We will disclose medical information about you when requested to do so by federal, state or local law. We may disclose medical information about you for public health activities such as abuse or neglect reporting, workers compensation, auditing purposes and emergencies.

• **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

• **Organ and Tissue Donation.** We may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

• **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

• **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

• **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protesting the information requested.

• **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process.
- About a death we believe may be the result of criminal conduct.

• **Coroners, Medical Examiners and Funeral Directors.** We may verbally release medical information to a coroner, medical examiner or funeral director for the purpose of reporting a death, identifying the deceased person or other duties. We may also release your medical records to a coroner or medical examiner for the purpose of determining the cause of death, but we will only do so with proper authorization or pursuant to a court ordered subpoena.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

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

• **Right to Inspect and Copy.** You have the right with limited exceptions, to inspect and obtain a copy of your medical information. Usually, this includes medical and billing records, but may not include records such as psychotherapy notes. We may charge a fee for the costs of copying, mailing or other supplies associated with your request and your request to inspect and copy your medical information must be submitted in writing to Holland Hospital Home Health Services.

If your medical information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your medical information in the form or format you request, if it is readily producible in such form or format. If the medical information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

See contact list. Someone will contact you within 30 days about your request.

**Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, you must submit your request in writing to Holland Hospital Home Health Services. See contact list. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was created by another health care provider;
- Is not part of the medical information kept by or for our organization.
- Is not part of the information which you would be permitted to inspect and copy.
- Is accurate and complete.

• **Right to an Accounting of Disclosures.** You have the right to obtain an “accounting of disclosures” for your health information when such disclosures are made for other than treatment, payment or related administrative or operative purposes as described above.

To request an accounting of disclosures, you must submit your request in writing to Holland Hospital Home Health Services. See contact list.

Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

• **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations except when specifically authorized by you, when required by law, or emergency circumstances.

We are not required to agree to your request *unless* you are asking us to restrict the use and disclosure of your medical information to a health plan for payment or health care operation purposes and such

information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must make your request in writing to our Correspondence Desk in the Medical Records Department. See contact list.

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 (3) to whom you want the limits to apply.

• **Right to Request Confidential Communications.** 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. To request confidential communications, you must submit your request in writing to Holland Hospital Home Health Services. See contact list.

We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

• **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website: [hollandhospital.org](http://hollandhospital.org)

You may also receive a paper copy of this notice by contacting our Home Health Services Department by phone or in writing. See contact list on page 15.

• **Right to Receive Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured medical information.

#### **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. The notice will contain on the first page, in the top left-hand corner, the effective date.

#### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the Holland Hospital Patient Relations Department or with the US Department of Health and Human Services/Office of Civil Rights. To file a complaint, contact the Holland Hospital Patient Relations Department. See contact List.

*You will not be penalized for filing a complaint.*

#### **OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of the care that we provided to you.

#### **CONTACT LIST**

Holland Hospital Home Health Services (616) 394-3346, 130 Central Avenue, Suite 210 Holland, Michigan 49423

Holland Hospital Fund Development (616) 355-3973, 602 Michigan Avenue, Holland Michigan 49423

Patient Relations Department (616) 394-3742, 602 Michigan Avenue, Holland Michigan 49423

Medical Records Department (616) 394-3154, Holland Hospital Correspondence Desk, Medical Records Department, 602 Michigan Avenue, Holland Michigan 49423

If you have any questions about this notice, please contact Holland Hospital's Privacy Officer at (616) 494-4180.

Effective Date: 9/23/2013

Patient Signature \_\_\_\_\_