

HOME HEALTH CARE OF WEST TENNESSEE, INC.

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

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.

Our Agency is required by law to maintain the privacy of protected health information and to provide you adequate notice of your rights and our legal duties and privacy practices with respect to the uses and disclosures of protected health information. [45 CFR § 165.520] We will use or disclose protected health information in a manner that is consistent with this notice. Your protected health information includes information regarding your treatment, diagnoses, symptoms, test results, and related medical information. Your protected health information also includes information about payment, billing, and insurance.

The Agency maintains a record (paper/electronic file) of the information we receive and collect about you and of the care we provide to you. This record includes physicians' orders, assessments, medication lists, clinical progress notes and billing information.

As required by law, the Agency maintains policies and procedures about our work practices, including how we provide and coordinate care provided to our patients. These policies and procedures include how we create, maintain and protect medical records; access to medical information about our patients; how we maintain the confidentiality of all information related to our patients; security of the building and medical files; and how we educate staff on privacy of patient information.

We may change our policies at any time. Before we make a significant change in our policies, we will change our Notice and provide a copy to our current patients or their representatives. You can also request a copy of our Notice at any time. For more information about our privacy practices, contact the Corporate Compliance and Privacy Officer listed herein.

As our patient, your protected health information is used and disclosed to other parties for purposes of **treatment, payment and health care operations**. The following are examples of these purposes for which your information may be used or disclosed without your consent or authorization:

- **Treatment:** Providing, coordinating and/or managing health care and related services; consultation between health care providers relating to a patient; or referral of a patient for health care from one provider to another. For example, we may consult externally with your treating physician, and we will meet internally on a regular basis to discuss how to coordinate your care and schedule visits.
- **Payment:** Billing and collecting for services provided; determining plan eligibility and coverage; utilization review (UR); precertification; or medical necessity review. For example, we customarily send your information to your third party payor as necessary to request payment for medical services, and occasionally the insurance company requests a copy of the medical record be sent to them for review prior to paying the bill.
- **Health Care Operations:** General Agency administrative and business functions; quality assurance/improvement activities; medical review; auditing functions; developing clinical guidelines; determining the competence or qualifications of health care professionals; evaluating Agency performance; conducting training programs with students or new employees; licensing, survey, certification, accreditation and credentialing activities; and internal auditing. For example, our Agency periodically holds clinical record review meetings where our consulting professional will audit clinical records for meeting professional standards and for utilization review.

Further, We may contact you (without seeking prior permission) in order to (1) provide your appointment reminders, and (2) provide information about alternative treatments, therapies, or health care providers, or other health-related services, products, or activities we provide that may be of interest to you.

We are permitted or required to use or disclose information about you without consent or authorization in the following circumstances:

1. In **emergency treatment situations**, if we attempt to obtain consent as soon as practicable after treatment;
2. Where **substantial barriers to communicating with you** exist and we determine that the consent is clearly inferred from the circumstances;
3. Where we are **required by law** to provide treatment and we are unable to obtain consent;
4. Where the use or disclosure of medical information about you **is required by federal, state or local law** (e.g., in certain circumstances, we may be required to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence);
5. To provide information **to state or federal public health authorities**, as required by law to: prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify persons of recalls of products they may be using; and notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
6. **For health care oversight activities** such as audits, investigations, inspections and licensure by a government health oversight agency as authorized by law to monitor the health care system, government programs and compliance with civil rights laws;
7. **For certain judicial administrative proceedings** 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, a subpoena, discovery request or other lawful process by someone else involved in the dispute, unless we are first required to make efforts to tell you about the request or to obtain an order protecting the information requested;
8. **For certain law enforcement purposes** such as helping to identify or locate a suspect, fugitive, material witness or missing person, or to comply with a court order or subpoena and other law enforcement purposes;_
9. **To coroners, medical examiners and funeral directors**, in certain circumstances, for example, to identify a deceased person, determine the cause of death or assist in carrying out their duties;
10. **For cadaveric organ, eye or tissue donation purposes** to communicate to organizations involved in procuring, banking or transplanting organs and tissues (if you are an organ donor);
11. **For certain research purposes**. We may use your health information for research, but only under very select circumstances. Before we disclose any of your health information for such research purposes, the project will be subject to an extensive approval process. We will generally request your written authorization before granting access to any of your health information that is individually identifiable for research;
12. **To avert a serious and imminent threat to health and/or safety** of a particular person or the general public, such as when a person admits to participation in or planning of a violent crime or serious harm to a victim or is an escaped convict. Any disclosure, however, would only be to someone able to help prevent or lessen the threat;
13. **For specialized government functions**, including military and veterans' activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institution and custodial situations; and
14. **For the purpose of Workers' Compensation or similar programs, which** provide benefits for work-related injuries or illness.

We are permitted to use or disclose information about you without consent or authorization provided you are informed in advance and given the opportunity to agree to or prohibit or restrict the disclosure in the following circumstances:

1. Use of a directory (includes name, location, condition described in general terms) of individuals served by our Agency;
2. To a family member, relative, friend, or other identified person, the information relevant to such person's involvement in your care or payment for care; or to notify a family member, relative, friend, or other identified person of the individual's location, general condition or death.

For other uses and disclosures, including without limitation most uses and disclosures of psychotherapy notes and most uses and disclosures of your health information for marketing purposes, we will ask for your written authorization and will only use or disclose your health information if we receive a written authorization from you. That authorization may be revoked, in writing, at any time, unless the Agency has already taken action in reliance on it.

YOUR RIGHTS - You have the right, subject to certain conditions, to:

- **Request restrictions on certain uses and disclosures of your protected health information** for treatment, payment or health care operations. However, we are not required to agree to any requested restriction. Restrictions to which we agree will be documented. Agreements for further restrictions may, however, be terminated under applicable circumstances (e.g., emergency treatment). If, however, you paid out-of-pocket for a specific item or service, you have the right to request that medical information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we are required to honor that request.
- **Receive confidential communication of protected health information.** We will arrange for you to receive protected health information by reasonable alternative means or at alternative locations. Your request must be in writing. We do not require an explanation for the request as a condition of providing communications on a confidential basis and will attempt to honor reasonable requests for confidential communications.
- **Inspect and obtain copies of protected health information** which is maintained in a designated record set (except for psychotherapy notes, information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding, or protected health information that is subject to the Clinical Laboratory Improvements Amendments of 1988 [42 USC § 263a and 45 CFR 493 § (a)(2)]). Your request must be made in writing, and the Agency must make your protected health information available to you within the timeframe required by applicable law. If you request a copy of your medical information, we may charge you a reasonable fee for same in accordance with current applicable state and/or federal law. We may not charge you a fee if you require your medical information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. If we deny access to protected health information, you will receive a timely, written denial in plain language that explains the basis for the denial, your review rights and an explanation of how to exercise those rights. If we do not maintain the medical record, we will tell you where to request the protected health information.
- **Receive an Electronic Copy of your Electronic Medical Records,** if your protected health information is maintained in an electronic format. You may request that an electronic copy be given to you or transmitted to another individual or entity, and we will make every effort to provide the electronic copy in the format you request; provided however, if it is not readily producible by us, we will provide it in either our standard format or in hard copy (fees may apply).
- **Request to amend protected health information** for as long as the protected health information is maintained in the designated record set. A request to amend your record must be in writing and must include a reason to support the requested amendment. We will act on your request within sixty (60) days of receipt of the request. We may extend the time for such action by up to 30 days, if we provide you with a written explanation of the reasons for the delay and the date by which we will complete action on the request. We may deny the request for amendment if the information contained in the record (1) was not created by us, unless the originator of the information is no longer available to act on the requested

amendment; (2) is not part of the designated medical record set; (3) would not be available for inspection under applicable laws and regulations; or (4) is accurate and complete. If we deny your request for amendment, you will receive a timely, written denial in plain language that explains the basis for the denial, your rights to submit a statement disagreeing with the denial and an explanation of how to submit that statement.

- **Receive an accounting of disclosures of protected health information** made by our Agency for up to six (6) years prior to the date on which the accounting is requested for any reason other than for treatment, payment or health operations and other applicable exceptions. The written accounting includes the date of each disclosure, the name/ address (if known) of the entity or person who received the protected health information, a brief description of the information disclosed and a brief statement of the purpose of the disclosure or a copy of your written authorization or a written request for disclosure. We will provide the accounting within 60 days of receipt of a written request. However, we may extend the time period for providing the accounting by 30 days if we provide you with a written statement of the reasons for the delay and the date by which you will receive the information. We will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.
- **Receive a written notice of breach of your unsecured protected health information** from the Agency, unless there is a demonstration, based on a risk assessment, that there is a low probability that your health information has been compromised. You will be notified without unreasonable delay and no later than sixty (60) days following the Agency's discovery of the breach. The notice will include information regarding what happened and what can be done to mitigate any harm.
- **Obtain a paper copy of this notice** from us upon request (even if you had agreed to receive this notice electronically).

COMPLAINTS - If you believe that your privacy rights have been violated, you may complain to the Agency or to the Secretary of the U.S. Department of Health and Human Services. There will be no retaliation against you for filing a complaint. The complaint should be filed in writing, and should state the specific incident(s) in terms of subject, date and other relevant matters. A complaint to the Secretary must be filed in writing within 180 days of when the act or omission complained of occurred, and must describe the acts or omissions believed to be in violation of applicable requirements. *[45 CFR § 160.306]*

EFFECTIVE DATE - This notice is effective September 23, 2013. We are required to abide by the terms of the notice currently in effect, but we reserve the right to change these terms as necessary for all protected health information that we maintain. If we change the terms of this notice (while you are receiving service), we will promptly revise and distribute a revised notice to you as soon as practicable by mail, e-mail (if you have agreed to electronic notice), or hand delivery.

If you require further information about matters covered by this notice, or for further information regarding exercising your rights or filing a complaint, please contact:

Patti Webb, RN
Corporate Compliance & Privacy Officer
5740 Uptain Road, Suite 6300
Chattanooga, TN 37411

Phone: 1-800-391-5582 (Compliance Hotline) / E-Mail: compliance@hhcoet.com