



## Notice of Privacy Practices

**“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.”**

**This notice is effective September 23, 2013**

Our organization 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. Protected health information means all individually identifiable information, in any form or media, whether electronic, paper, or oral.

As our patient, information about you may be used and disclosed to other parties for purposes of **treatment, payment, and health care operations**. Examples of information that may be disclosed:

- **Treatment:** We may use information about you when we provide, coordinate, or manage your health care and related services. We may disclose information about you to doctors, nurses, hospitals, and other health care providers involved in your care. We may consult with other health care providers concerning you and as part of the consultation, share your information with them.
- **Payment:** We may use or disclose information about you so we can be paid for the services we provide to you. This can include billing you, your insurance company, or a third-party payer. For example, we may need to provide information to your insurance company about the health care services we provide to you so your insurance company will pay us for those services or reimburse you for amounts you have paid. We also may need to provide your insurance company or a government program, such as Medicare or Medicaid, with information about your medical condition and the health care you need to receive in order to determine if you are covered by that insurance or program.
- **Health Care Operations:** We may use and disclose information about you for our own health care operations. This is necessary to operate VNA of NWI and to maintain quality health care for our clients. For example, we may use information about you to review the services we provide and the performance of our employees in caring for you. We may disclose information about you to train our staff, volunteers, and students working in the VNA of NWI. We may also use the information to study ways to more efficiently manage our organization.

**The following uses and disclosures do not require your consent**, and include, but not limited to, a release of information contained in financial records and/or medical records, including information concerning communicable diseases such as Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS), drug/alcohol abuse, psychiatric diagnosis and treatment records and/or laboratory test results, medical history, treatment progress and/or any other related information as permitted by state law to: Law enforcement, paramedics, other first responders, and public health authorities.

**Federal law also allows us to use and disclose your information in the following ways:**

**Appointment/Visit Reminders:** Unless you tell us otherwise, we may contact you by either telephone or by mail at either your home or an alternative location. At either location, we may leave messages for you on the answering machine or voicemail.

**Treatment Alternatives/Health Related Benefits and Services:** We may use and disclose medical information about you to contact you about treatment alternatives or health related benefits and services that may be of interest to you.

**Fundraising:** We may use your demographic information to raise funds for VNA of NWI. If you do not want VNA of NWI or its Foundation to contact you for fundraising, you may notify VNA of NWI in writing or by phone. We will not share your information with any other entity for fundraising or marketing purposes.

**Marketing:** With certain exceptions, the use of an individual's information for purposes of marketing requires the individual's writing authorization.

**Sale of Protected Health Information:** With certain exceptions, the sale of Protected Health Information without the written authorization of the individual is prohibited.

**Required by Law:** We may use or disclose medical information about you when we are required to do so by federal, state, or local law.

**Public Health Activities:** We may disclose medical information about you for public health activities and purposes. This



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includes reporting medical information to a public health authority that is authorized by law to collect or receive the information for purposes of preventing or controlling disease and notifying a person who may have been exposed to a communicable disease or maybe at risk for contracting or spreading a communicable disease or condition.

**Victims of Abuse, neglect, or domestic violence:** We may disclose medical information about you to a government authority authorized by law to receive reports of abuse, neglect, or domestic violence, if we believe you are a victim of abuse, neglect, or domestic violence. We will make this disclosure if we are required or authorized to do so by law.

**Health Oversight Activities:** We may disclose medical information about you 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 right laws.

**Judicial and Administrative Proceedings:** If you are involved in a judicial or administrative proceeding, your medical information will be disclosed in response to a court or administration order, subpoena, discovery request, or other lawful process by someone else involved in the dispute when we are legally required to respond.

**Disclosures for Law Enforcement Purposes:** We may disclose medical information about you to a law enforcement official for law enforcement purposes: such as responding to a subpoena or court order, or to notify authorities of a criminal act.

**Coroners, Medical Examiners, and Funeral Directors:** We may disclose medical information about you to a coroner, medical examiner for purposes such as identifying a deceased person and determining cause of death. We may disclose medical information about you to funeral directors as necessary for them to carry out their duties.

**Organ, Eye, and Tissue Donation:** We may disclose medical information about you to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs, eyes, or tissue as necessary to facilitate organ, eye or tissue donation or transplantation.

**To Avoid a Serious Threat to Health or Safety:** We may use and disclose medical information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person, such as when a person admits to participation in a violent crim, causes serious harm to a victim, is an escaped convict, or is diagnosed with a communicable disease considered by the Centers of Disease Control and Prevention (CDC) to be a serious threat to the general public. Disclosures, however, will only be made to an individual or entity who may be able to help prevent the threat.

**National Security and Military Functions:** We may disclose medical information regarding you including military and veteran activities, national security and intelligence activities, protective services for the president and others, correctional institutions, and custodial situations.

**Worker's Compensation:** We may disclose medical information about you to the extent necessary to comply with worker's compensation and similar laws that provide benefits for work-related injuries or illness without regard to fault.

**Disaster Relief:** We may use or disclose medical information about you to a public or private entity authorized by law or by its character to assist in disaster relief efforts.

**Facility Directory:** VNA of NWI include your name in a list of current clients served at its Hospice Center in a facility directory when applicable. We are permitted to disclose your location at the facility and condition described in general terms to an individual who asks for you by name. We are further permitted to disclose this information to clergy along with your religious affiliation. You may request that this information not be disclosed by notifying your nurse.

**Individuals Involved in Your Care:** We may disclose to a family member, other relative, a close friend, or any other persons identified by you, information that is directly relevant to that person's involvement with your care or payment related to your care, unless inconsistent with prior expressed preference by you. You may request that information not be disclosed to a particular person by submitting your request in writing to the Privacy Officer.

Other uses and disclosures of information not covered by this notice or the laws that apply to use will be made only with your written authorization. That authorization may be revoked, in writing, at any time. However, should you revoke such authorization, you should 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 as proof of the care that we provided you.

**YOUR RIGHTS:** All requests should be submitted in writing to the Compliance Officer. You have the right, subject to certain conditions, to the following:

- **Right to request restrictions** on certain uses and disclosures of information about you. You have the right to request that we restrict the uses or disclosures of medical information about you to carry out treatment, payment, or health care operations. You also have the right to request that we restrict the uses or disclosures we make to (a) a family member, other relative, a close friend, or any other person identified by you: or (b) public or private entities for



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disaster relief efforts. For example, you could ask that we not disclose medical information about you to your brother or sister. We are not required to agree to any requested restriction. However, if we do agree, we will follow that restriction unless the information is needed to provide emergency treatment. Even if we agree to a restriction, either you or we can later terminate the restriction.

- You have a right to request that a health care item or service not to be disclosed to your health plan for payment or health care operations. We are required to honor your request if the health care item or service is paid out of pocket and in full. This restriction does not apply to use or disclosure of your health information related to your medical treatment.
- **Right to receive confidential communication of protected health information.** For example, you can ask that we only contact you by trail or at an alternate location. We will not require you to tell us why you are asking for the confidential communication.
- **Right to inspect and copy protected health information.** With a few very limited expectations, you have the right to inspect and obtain a copy of medical information about you. Your written request should state specifically what medical information you want to inspect or copy. We will act on your request no later than thirty (30) days after our receipt of the request. If you request a copy of the information, we may charge a fee for the costs of copying and, if you ask that it be mailed to you, the cost of mailing.
- **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 submitted to the VNA of NWI's Privacy Officer. In addition, you 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 thirty (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.
- **Right to receive an accounting of disclosures** for reasons other than treatment, payment, health care operations, and certain other activities within the last six (6) years, but not prior to April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. You must submit your request in writing and indicate what form you want the list (for example, on paper, or electronically).
- **Right to receive Notice of Breach.** We will notify you if we discover a breach of your unsecured Protected Health Information.
- **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 a copy of this notice at any time.
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**COMPLAINTS:** If you believe that your privacy rights have been violated, you can complain to the VNA of NWI or to the Secretary of the U.S. Department of Health and Human Services, Washington D.C. There will be no retaliation against you for filing a complaint. The complaint should be filed in writing with the VNA of NWI and should state the specific incident(s) in terms of subject, date, and other relevant matters. A complaint to the Secretary must comply with standards set out in 45 CFR § 160.306.

**OUR DUTIES:** We are required to abide by the terms of our Notice of Privacy Practices in effect at the time. We reserve the right to change this Notice of Privacy Practices and 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 post a current copy of this notice with an effective date. In addition, each time you are admitted or re-admitted to our services for treatment or healthcare we will offer you a copy of the current notice in effect.

**If you have any questions or want more information concerning this Notice of Privacy Practices, or wish to request a copy of this notice, please contact the VNA Of NWI Compliance Officer at (219)462-5195.**