

## ATTENTIVE CARE NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Regulations Promulgated Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), updated to include the HITECH and Mega Rules

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR IDENTIFIABLE HEALTH INFORMATION.**

**PLEASE REVIEW THIS NOTICE CAREFULLY.**

### **A. OUR COMMITMENT TO YOUR PRIVACY**

Our organization is dedicated to maintaining the privacy of your identifiable health information. In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and privacy practices concerning your identifiable health information. By law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

To summarize, this notice provides you with the following important information:

- How we may use and disclose your identifiable health information.
- Your privacy rights in your identifiable health information.
- Our obligations concerning the use and disclosure of your identifiable health information

**The terms of this notice apply to all records containing your identifiable 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 maintain a copy on our company website. You may request a copy of our most current notice at any time.**

### **B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:**

Gina Burroughs, HIPAA Privacy Officer – 516-822-2080 or 631-587-3366

### **C. WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION IN THE FOLLOWING WAYS**

Without your authorization, HIPAA allows our organization to use or disclose your medical information in order to provide you with services and the treatment you require or request, or to collect payment for those services, and to conduct other related health care operations otherwise permitted or required by law. Also, our organization is permitted to disclose your medical information within and among its workforce and other entities that have agreed to be bound by these policies in order to accomplish these same purposes. However, even with your authorization, our organization is still required to limit such uses or disclosures to the minimal amount of medical information that is reasonably required to provide those services or complete those activities.

The following categories describe different ways that our organization uses and disclosed medical information. For each category of uses or disclosures, this Notice 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 in which our organization is permitted to use and disclose information without your authorization should fall within one of the categories.

1. **For Treatment.** Our organization may use medical information about you to provide you with medical treatment or services. Our organization may disclose medical information about you to doctors, nurses, technicians, volunteers, medical students, residents, other personnel or members of its workforce who are involved in taking care of you in your home. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that arrangements can be made for appropriate meals. Different departments of our organization also may share medical information about you in order to coordinate the different things you need, such as prescriptions, home care and therapy. The organization also may disclose medical information about you to people outside of our organization who may be involved in your medical care, such as family members, clergy or others whom Provider uses or who you or another responsible party have selected to provide services that are part of your care.
2. **For Payment.** Our organization may use and disclose medical information about you so that the treatment and services your receive from our organization can be billed to, and payment can be collected from, you, an insurance company or third party payer. For example, the agency may need to give your health plan information about home care you received so your health plan will pay our organization or reimburse you for the home care. The organization may also tell your health plan about home care you are going to received to obtain prior approval or to determine whether your plan will cover the treatment.
3. **For Health Care Operations.** The organization may use and disclose medical information about your for the organization operations. These uses and disclosures are necessary to run the organization, to comply with accreditation and other standards and to make sure that all Provider clients receive quality care. For example, the organization may use your medical information to review its treatment and services and to evaluate the performance of the organization's staff in caring for you. The organization may also combine medical information about many of the organizations clients to decide what additional services the organization should offer, what services are not needed, and whether certain new treatments are effective. The organization may also disclose information to doctors, nurses, technicians, medical students, residents, professionals and other personnel or members of its workforce for review, education, teaching and learning purposes. Our organization may also combine the medical information it has with medical information from other providers to compare how our organization is doing and to see where our organization can make improvements in its care and services. Our organization may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning your identity or the identity of any specific clients.

In addition, under HIPAA, the organization may use and disclose medical information, without your authorization, as follows:

4. **To Send You Treatment Reminders and Information About Treatment Alternatives or Health-Related Benefits and Services.** The organization may contact you as a reminder that you have an appointment for home care or medical care with the organization or inform you about or recommend possible treatment options, alternatives or health-related benefits or services that may be of interest to you.
5. **Fundraising Activities.** The organization may contact you in an effort to raise money for the organization and its operations. The organization may disclose medical information to a foundation related to the organization so that the foundation may contact you in raising money for the organization. The organization would only release (i) contact information, such as your name, address and phone number; (ii) demographic information, (Pg 1 of 3)

such as your age, gender, insurance status and employer name; and (iii) the dates you received treatment or services from our organization. If you do not want the organization to contact you for fundraising efforts, you must notify the Privacy Officer in writing.

6. **Individuals Involved in Your Care or Payment for Your Care.** The organization may release medical information about you to a family member, referral source, personal representative or friend who is involved in your medical care or who helps pay for your care. The organization may also tell these persons about your condition and your location in the organization or attempt to locate or identify your family, representative or friends. In addition, the agency may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. Further, our organization may make disclosures to a parent, guardian or other person acting in place of a parent if such person has the authority to act on behalf of a minor. Additionally, our organization may make disclosures to a person appointed by you as your durable power of attorney for health care.
7. **Public Health Activities.** The organization may disclose information about you for public health activities, such as:
  - to prevent or control disease, injury or disability;
  - to report births and deaths;
  - to report child abuse or neglect;
  - to collect or report reactions to medications, food supplements or dietary supplements;
  - to collect or report product problems or defects;
  - to notify persons or recalls, replacements or repairs relating to products they may be using; and
  - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
8. **Disclosures About Victims of Abuse, Neglect or Domestic Violence.** The organization may disclose medical information to notify the appropriate government authority if the organization believes a client has been the victim of abuse, neglect or domestic violence. The organization will only make this disclosure if the client agrees or when required or authorized by law.
9. **Health Oversight Activities.** The organization 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 or disciplinary actions. These activities are necessary for the governments to monitor the health care system, government programs and compliance with civil rights laws.
10. **As Required by Law.** The organization will disclose medical information about you when required to do so by federal, state or local law.
11. **Serious Threats to Health or Safety.** Our organization may use and disclose your identifiable health information when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
12. **Organ and Tissue Donation.** The organization may use or disclose information to an organ procurement or transplant organization or other similar entity.
13. **Workers' Compensation.** The organization may release information about you as authorized by (or as necessary to comply with) worker's compensation laws. For example, our organization may release information to a party responsible for payment of workers' compensation benefits and to an agency responsible for administering and/or adjudicating claims for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
14. **Law Enforcement or Judicial or Governmental Proceedings.** Our organization may disclose medical information for law enforcement purposes or for judicial or governmental proceedings. For example, the agency may disclose medical information:
  - to report certain types of wounds or injuries;
  - in response to a court order or court-ordered subpoena (or court-ordered discovery request) or in response to a subpoena or discovery request if the client privilege has been waived;
  - in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your identifiable health information 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.
  - in response to a law enforcement official's request for the purpose of identifying or locating a suspect, fugitive, material witness or missing person, but only certain types of information may be disclosed;
  - to provide information about a victim of a crime, although our organization would try to obtain the individual's consent unless the individual is incapacitated or except under certain limited circumstances;
  - about an individual that has died to a law enforcement official for the purpose of altering law enforcement of the death if the organization has a suspicion that such death may have resulted from criminal conduct;
  - about criminal conduct that occurred on our organizations premises; and
  - in emergency circumstances to report a crime; the location of the crime or victims of the crime; or the identity, description or location of the person who committed the crime.
15. **Coroners, Medical Examiners and Funeral Directors.** Our organization may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. The agency may also release medical information to funeral directors as necessary to carry out their duties.
16. **For Specific Government Functions.** Our organization may release medical information of military personnel (and foreign military personnel) in certain situations, and the agency may release the medical information of inmates to correctional facilities in certain situations. Our organization may also release medical information for national security reasons, such as the protection of the President of the United States or for national security activities.
17. **New York State Law may be more stringent than HIPAA.** Certain provisions of NYS law may be more stringent than HIPAA or may be, in the future, determined to be more stringent than HIPAA. If such provisions are more stringent than HIPAA, then, according to HIPAA, our organization must comply with the more stringent provision of New York State Law.

#### **D. YOUR RIGHTS REGARDING YOUR IDENTIFIABLE HEALTH INFORMATION**

You have the following rights regarding the identifiable 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 work.

In order to request a type of confidential communication, you must make a written request to the HIPAA Privacy Officer listed on the first page, specifying the requested method of contact, or the location where you wish to be contacted. Our organization will accommodate reasonable requests. You do not need to give a reason for your request.

2. **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information our organization uses or discloses about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information our organization disclose about you to someone who is involved in your care of the payment for your care, like a family member or friend. For example, you could ask that Provider not use or disclose information about a surgery you had. *(Under HITECH, our organization must comply with a client's request to restrict information if the information is to be sent to a health plan for payment or health care operations purposes and the disclosure relates to products or services that were paid for solely out-of-pocket (unless the disclosure is otherwise required by law).*
3. **Right to Inspect and Copy.** You have the right to inspect and have a copy made of the medical information contained in your designated record set. A "designated record set" contains medical and billing records and any other records that our organization uses for making decisions about you. Usually, you have the right to access medical and billing records, subject to certain limitations. For example, you do not have the right to obtain information if its disclosure would have an adverse effect on you or if the information is compiled by our organization in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. *Under HITECH, if our organization maintains an electronic health record for an individual, the individual may request access to the information in an electronic format or have the information transmitted electronically to a designated recipient.*

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to our organizations Privacy Officer. If you request a copy of the information, our organization may charge a reasonable, cost-based fee to cover the costs associated with your request.

Our Organization may deny your request in very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by our organization will review your request and the denial. The person conducting the review will not be the person who denied your request. Our organization will comply with the outcome of the review.

4. **Right to Amend.** If you feel that the medical information in the designated record set which Provider maintains about you is incorrect or incomplete, you may ask our organization to amend the information. You have the right to request an amendment for as long as the information is kept by or for our organization.

To request an amendment, you must make the request in writing and submit it to the Privacy Officer. In addition, you must provide a reason that supports your request.

The agency 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, our organization may deny your request if you ask the agency to amend information that:

- Was not created by our organization, unless the person or entity that created the information is no longer available to make the amendment;
- 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; or
- Is accurate and complete.

5. **Right to an Accounting of Certain Disclosures.** You have the right to request an accounting of certain disclosure, which our organization made of your medical information within the six years prior to your request. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice. It excludes disclosures we may have made to you, with your authorization, to a facility director, to family members or friends involved in your care, or for notification purposes. The right to receive this information is subject to certain exceptions, restrictions and limitations. *Under HITECH, individuals may now receive an accounting of routine disclosures of PHI if the PHI is maintained in an electronic health records system, for the three-year period prior to the date of the request.*

To request this list or an accounting of the disclosures of your medical information, you must submit your request in writing to the Privacy Officer. 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 or electronically). The first list you request within a 12-month period will be free. For additional lists, our organization may charge you a reasonable, cost-based fee for the cost of providing the list. Provider will notify you of the cost involved and you may choose to withdraw or modify for request at that time before any costs are incurred.

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 HIPAA Privacy Officer listed on the first page.
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 Privacy Officer listed on the first page. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
8. **Other Uses of Medical Information Require Authorization.** Other uses and disclosures of medical information not covered by this Notice or the laws that apply to our organization will be made only with your written authorization, this includes but is not limited to: psychotherapy notes, use and disclosure for marketing purposes and sale of protected health information. If you give our organization authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, our organization will no longer use or disclose medical information about you for the reasons covered by your written authorization, unless you authorized disclosure for a research study and your information is needed to protect the integrity of the study.

You understand that our organization is unable to take back any disclosures that our organization has already made with your authorization, and that our organization is required to retain its records of the care, which our organization provides to you. All notices that your are revoking your authorization must be in writing and delivered by U.S. mail, in person, or by other reasonable means to the Privacy Officer.

9. **Right to Notification of a Breach.** If a breach of your protected health information occurs and we determine that the breach poses significant harm to you, we will provide written notice to you via first class mail no later than 60 calendar days after the discovery of the breach. In order to determine whether the breach poses significant harm to you we will perform a fact-based assessment that complies with the HITECH Notice of Breach of Health information requirements.