**Notice of Privacy Practices**

**THIS NOTICE DESCRIBES HOW PERSONAL MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**USE AND DISCLOSURE OF HEALTH INFORMATION**

**INSERT AGENCY NAME** may use your health information, information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. Your health information may be used or disclosed only after the Agency has obtained your written consent. The Agency has established policies to guard against unnecessary disclosure of your health information.

**SUMMARY OF THE CIRCUMSTANCES UNDER WHICH PERSONAL HEALTH INFORMATION MAY BE USED AND DISCLOSED AFTER YOU HAVE PROVIDED YOUR WRITTEN CONSENT:**

**To Provide Treatment**. The Agency may use your health information to coordinate care within the Agency and with others involved in your care, such as your attending physician and other health care professionals, family members, suppliers of medical equipment who have agreed to assist the Agency in coordinating care.

**To Obtain Payment**. The Agency may include your health information in invoices to collect payment from third parties for the care you receive from the Agency.

**To Conduct Health Care Operations**. The Agency may use and disclose health information for its own operations in order to facilitate the function of the Agency and as necessary to provide quality care to all of the Agency ‘s patients. Health care operations includes such activities as:

* Quality assessment and improvement activities.
* Activities designed to improve health or reduce health care costs.
* Protocol development, case management and care coordination.
* Contacting health care providers and patients with information about treatment alternatives and other related functions that do not include treatment.
* Professional review and performance evaluation.
* Training of non-health care professionals.
* Accreditation, certification, licensing or credentialing activities.
* Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
* Business planning and development including cost management and planning related analyses and formulary development.
* Business management and general administrative activities of the Agency.
* Fundraising for the benefit of the Agency and certain marketing activities, unless requested not to.
* For example the Agency may use your health information to evaluate its staff performance, combine your health information with other Agency patients in evaluating how to more effectively serve all Agency patients, disclose your health information to Agency staff and contracted personnel for training purposes, use your health information to contact you as a reminder regarding a visit to you, or contact you as part of general fundraising and community information mailings (unless you tell us you do not want to be contacted).

**For Appointment Reminders**. The Agency may use and disclose your health information to contact you as a reminder that you have an appointment for a home visit.

**For Treatment Alternatives**. The Agency may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES AND PURPOSES UNDER WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED WITHOUT FIRST RECEIVING YOUR WRITTEN CONSENT** ***[check your Federal laws to ensure consistency with regulatory requirements]****.*

 **When Legally Required.** The Agency will disclose your health information when it is required to do so by any Federal, State or local law.

**When There Are Risks to Public Health.** The Agency may disclose your health information for public activities and purposes. Examples are preventing disease, helping with product recalls, and reporting adverse reactions to medications and or health care equipment. Research projects.

**To Report Abuse, Neglect Or Domestic Violence**. The Agency is allowed to notify government authorities if the Agency believes a patient is the victim of abuse, neglect or domestic violence.

**To Conduct Health Oversight Activities**. The Agency may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. The Agency, however, may not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

**In Connection With Judicial And Administrative Proceedings**. The Agency may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when the Agency makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

 **For Law Enforcement Purposes**. As permitted or required by State law, the Agency may disclose your health information to a law enforcement official for certain law enforcement purposes.

**Coroners and Medical Examiners**. The Agency may disclose your health information to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law.

 **For Worker's Compensation**. The Agency may release your health information for worker's compensation or similar programs.

**AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION**

Other than is stated above, such as disclosure of psychotherapy notes, use of protected health information for marketing activities and the sale of protected health information, the Agency will not disclose your health information other than with your written authorization. If you or your representative authorizes the Agency to use or disclose your health information, you may revoke that authorization in writing at any time.

**YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION**

You have the following rights regarding your health information that the Agency maintains:

**Right to request restrictions**. You can request restrictions on certain uses and disclosures of your health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

**Right to receive confidential communications**. You have the right to request that the Agency communicate with you in a specific way. Permissible methods include for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.

**Right to inspect and copy your health information**. You have the right to inspect and obtain an **electronic or paper copy of your medical record and any** other health information we may have about you including billing records.Ask us how to do this.

We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

**Right to amend health care information**. You or your representative has the right to request that the Agency amend or correct your records if you believe that your health information is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

**Right to an accounting**. You or your representative have the right to request an accounting of disclosures of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why other than for treatment, payment or health operations and certain other disclosures (such as any you asked us to make). The request for an accounting must be made in writing. We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months. The request for accounting must be made in writing, the agency has a form that may be used at your request.

**Right to file a complaint if you feel your rights are violated**

You can complain if you feel we have violated your rights by contacting us using the information on page 1 of this notice. We encourage you to express any concerns you may have regarding the privacy of your information. There will never be any type of retaliation against you for filing a complaint. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [**www.hhs.gov/ocr/privacy/hipaa/complaints/**](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)**.**

**Right to choose someone to act for you**

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

We will make sure the person has this authority and can act for you before we take any action.

**Right to a paper copy of this notice**. You or your representative has a right to a **paper copy of this Notice and all policies relative to it at any time** even if you or your representative has received this Notice previously or have agreed to receive the notice electronically. To obtain a separate paper copy, please contact: **INSERT** **NAME AND CONTACT INFORMATION OF THE AGENCY.**

**YOUR CHOICES WITH RESPECT TO YOUR HEALTH INFORMATION**

You have some choices in the way that we use and share information as we:

* Tell family and friends about your condition
* Provide disaster relief
* Include you in a hospital directory
* Provide mental health care
* Market our services and sell your information
* Raise funds

##### DUTIES OF THE AGENCY

The Agency is required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of its duties and privacy practices with respect to protected health information and to notify affected individuals promptly following a breach of unsecured protected health information. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. The Agency is required to provide you with a copy of this notice and abide by the terms of it and any amendments made to it. The Agency reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all health information that it maintains. If the Agency changes the Notice, the changes will apply to all information we have about you and we will provide you or your appointed representative with a copy of the revised Notice. The revised notice will be available in our office. You or your personal representative have the right to express complaints to the Agency and to the Secretary of DHHS at 200 Independent Ave, SW, Washington, DC, phone (Toll free) 877-696-6775, if you or your representative believes that your privacy rights have been violated. Any complaints to the Agency should be made in writing to **I INSERT NAME OF PRIVACY OFFICIAL** **AND CONTACT INFORMATION OF THE AGENCY.**

**PRIVACY OFFICIAL/ CONTACT PERSON** the Agency has designated **INSERT NAME OF PRIVACY OFFICIAL** as the contact person for all issues regarding patient privacy and your rights under the Federal privacy standards. You may contact this person at the above PHONE number and or address.

**EFFECTIVE DATE**

This Notice is in effect as of September 23, 2013

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT **INSERT** **NAME AND CONTACT INFORMATION OF THE AGENCY.**