



HOME HEALTH SERVICES, INC. NOTICE OF PRIVACY PRACTICES FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI)

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.

Home Health Services, Inc. (HHS, Inc.) is required by law to maintain the privacy of protected health information and to provide you with notice of its legal duties and privacy practices. HHS, Inc. must abide by the terms of the notice currently in effect, but HHS, Inc. reserves the right to change the terms. If there is a change, HHS, Inc. will provide you with a written, revised notice as soon as practicable by mail or hand delivery.

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI)

Home Health Services, Inc. (HHS, Inc.) may use 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 (HIPAA), for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. HHS, Inc. has established policies to guard against unnecessary disclosure of your health information. The following is a summary of the circumstances and purposes that your health information may be used and disclosed without your consent or authorization as permitted by law.

1. **To provide treatment**; We may use your health information to coordinate care with others involved in your care, including family members, physician(s), and other health care professionals.
2. **To obtain payment**, for the care you receive, from your insurance company (self funded or third party health plans), Medicare, Medicaid, or any other person or entity that may be responsible for paying or processing for payment any portion of your bill for services.
3. **To conduct health care operations**, as required by law, accreditation, certification, licensing, professional review and performance evaluation, policy and procedure development and other functions to facilitate the function of the agency.
4. When legally required by federal, state, or local law.
5. To any hospital, nursing home or other health care facility to which you may be admitted.
6. To any assisted living or personal care facility of which you are a resident.
7. In emergency treatment situations (consent will be obtained as soon as practicable after treatment).
8. When there are public health risks in order to prevent or control disease, report adverse events, product defects, to track products or enable product repairs, to conduct surveillance and compliance with the Food and Drug Administration.
9. To report abuse, neglect, or domestic violence.
10. To coroners, medical examiners, and funeral directors under certain circumstances.
11. For specified government functions such as military, veterans, national security and intelligence activities.
12. For treatment alternatives. HHS 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.

Other than those stated above the agency will not disclose your protected health information without your written authorization. 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

Right to request restrictions. HHS is not required to agree to your request.

Right to receive confidential communications. You have the right to request that HHS, Inc. communicate with you in a certain way. HHS, Inc. will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.

Right to inspect and copy your health information. If you request a copy of your health information, HHS, Inc. may charge a reasonable fee for copying.

Right to amend health care information if you believe that your health information is incorrect or incomplete. That request may be made as long as the information is maintained by HHS, Inc. A request for an amendment of records must be made in writing. HHS, Inc. has the right to deny the request.

Right to an accounting. You have the right to an accounting of disclosures of your health information. Accounting requests may not be made for periods of time in excess of six (6) years. HHS, Inc. would 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.

Right to a paper copy of this notice.

CONTACT PERSON

HHS, Inc. has designated the Branch Supervisors for Home Health, PCA, Hospice, and Homemakers as its contact person(s). The contact person for medical equipment and oxygen is the HME manager. The contact person for medical drug and biological infusion is the Administrator; you may contact this person for all issues and requests regarding patient privacy and your rights under the Federal privacy standards. You may contact this person at the address and phone number listed on your "Consent for Treatment & Patient Bill of Rights". The phone number and address for the HME manager is on the delivery ticket.

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT THE ABOVE DESIGNATED PERSON.

COMPLAINTS

You may complain to HHS, Inc. and the Secretary of the U.S. Department of Health and Human Services if you believe that your privacy rights have been violated. There will be no retaliation against you for filing a complaint. The complaint should be filed in writing with HHS, Inc. and should state the specific incident(s) in terms of subject, date, and other relevant matters. A complaint to the Secretary must comply with the standards set out in 45 CFR 160.306 and may be sent to 200 Independence Ave. SW, Washington, D.C. 20201.

This notice is effective beginning April 14, 2003