Home Health Care Management, Inc.

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.

Home Health Care Management, Inc. is required by law to maintain the privacy of your health information. Home Health Care Management is also required to provide you with a notice that describes our legal duties and privacy practices and your privacy rights with respect to your health information.

By "your health information" we mean the information that we maintain that specifically identifies you and your health status.

Summary

This Notice describes how we use your health information within Home Health Care Management and disclose it outside Home Health Care Management, and why.

The Notice covers:

- Uses or disclosures which do not require your written authorization.
- Uses or disclosures which require your written authorization.
- Your rights as a patient regarding privacy of your health information.
- Our duties in protecting your health information.
- Complaints, contact person, effective date, and acknowledgement.

Uses or disclosures which do not require your written authorization

Treatment, Payment, and Health Care Operations

We may use or disclose your health information to carry out your treatment; to obtain payment for your treatment; and to conduct health care operations. For example:

>> For treatment, we may use or disclose your health information in the provision, coordination or management of your health care. We may disclose your health information for treatment purposes to physicians and other health care professionals outside our agency who are involved in your care.

>> For payment, we may use or disclose your health information to prepare documentation required by your insurance company or HMO or by Medicare or Medi-Cal. We disclose that part of your health information that these organizations require to pay us for the health care services provided to you.

>> For health care operations, we may use or disclose your health information for activities relating to the evaluation and improvement of patient care services, evaluating the performance of our health care providers, business planning and compliance with the law.

Uses or Disclosures of Your Health Information to Which You May Object

Patient Name_____ **HC#:**_____

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We may use or disclose your health information for the following purposes, unless you ask us not to.

- Agency Directory

  We maintain a patient list which includes your name, address, phone number, payer, disaster acuity level and Case Manager's name. This information is used within our agency by the On-Call nurses and may be shared with appropriate Public Officials to assist with evacuations during a time of emergency.

- Informing family and friends. We may disclose your health information to family, friends, or others identified by you who are involved in your care.

- Assistance in disaster relief efforts.

- For fundraising activities. We may share your name, address and phone number with Caring Choices, a local non-profit agency for fundraising activity or we may contact you or your family for fundraising purposes. If you do not wish to be contacted for this purpose, please contact the Privacy Officer and indicate that you do not wish to receive fundraising communication.

- Confirming our visits to your home or other appointments.

- Informing you about treatment alternatives or other health-related benefits and services that may be of interest to you.

If you object to our use of your health information for any of the purposes noted above, please contact the Privacy Officer.

Uses or Disclosures Required or Permitted

Where we are required or permitted to do so, we may use or disclose your health information in the following circumstances without your written authorization.

- Federal government investigation, when required by the Secretary of Health and Human Services to investigate or determine our compliance with federal regulation.

- Federal, state or local law requirements.

- Public health activities, for example to report communicable diseases or death; or for matters involving the Food and Drug Administration.

- Reporting of abuse, neglect or domestic violence.

- Health oversight activities by a health oversight agency. (A health oversight agency is an organization authorized by the government to oversee eligibility and compliance and to enforce civil rights laws.)

- Judicial or administrative proceedings, for example responding to a court order or subpoena.

- Law enforcement purposes, for example to report certain types of wounds or other physical injuries or to identify or locate a suspect, fugitive, material witness, or missing person.

- Use by coroners, medical examiners, or funeral directors.

- Facilitating organ, eye, or tissue donation.

- Research, provided that very strict controls are enforced.

- Averting a serious threat to your health or safety or that of the public.

Patient Name_____ **HC#:**_____

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- Specialized government functions such as military or veterans' affairs; national security, and intelligence activities.

- Workers' compensation.

Uses or disclosures which require your written authorization

Except as described in this Privacy Notice, we will not use or disclose your health information without your written authorization, which you may revoke (in writing) at any time.

Your Rights As A Patient to Privacy Of Your Health Information

- **Right to Request Restrictions**
  You have the right to request restrictions on our uses and disclosures of your health information, however we may refuse to accept the restriction. You also have the right to restrict disclosure to your Health Plan if you pay for services in full and out of pocket.

- **Right to Request Confidential Communications**
  You have the right to request that we communicate with you confidentially, for example to speak with you only in private; to send mail to an address you designate; or to telephone you at a number you designate. **Your request must be in writing.** We will make every attempt to honor your request.

- **Right to Request Access to Your Health Information**

  You have the right to request access to your health information in order to inspect or obtain a copy. You also have the right to request that electronic records be provided in an electronic form or format. This right of access does not apply to psychotherapy notes which are maintained for the personal use of a mental health professional. Your request must be in writing. We may deny your request and, if so, you may request a review of the denial. However, we will make every attempt to honor your request. In addition, we may charge you a reasonable fee to cover our expenses for providing these records.

- **Right to Request an Amendment of Your Health Information**
  You have the right to request an amendment to your health information.
  Your request must be in writing and must provide a reason for the amendment.
  We may deny your request and, if so, you may submit a statement of disagreement. However, we will make every attempt to honor your request.

- **Right to Request an Accounting of Disclosures of Your Health Information**
  You have the right to request an accounting of our disclosures of your health information for purposes other than treatment, payment, and health care operations. We will make every attempt to honor your request. We are not required to provide an accounting for disclosures before April 14, 2003 or for more than 6 years prior to the date of your request.

- **Right to be notified in the event of a breach of your health information**
  You have the right to be notified following a breach of unsecured health information in the event it affects you.

- **Right to Obtain a Paper Copy of this Notice**
  If you received this Notice electronically, you have the right to receive a paper copy.

To exercise any of these rights please telephone the Privacy Officer at 530-343-0727 or 530-226-0120 or write to1398 Ridgewood Dr, Chico, CA 95973.

Patient Name_____ **HC#:**_____

Home Health Care Management, Inc.

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Our Duties in Protecting Your Health Information

- We are required by law to maintain the privacy of your health information.
- We must inform patients or their legal representatives of our legal duties and privacy practices with respect to health information. This Notice discharges that duty.
- We must abide by the terms of the Notice currently in effect.
- We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that we maintain. At any time, you may obtain a copy of the current notice from the Director of Medical Records.

Complaints, Contact Person, Effective Date, and Acknowledgement

- You may complain to us and to the Secretary of Health and Human Services if you believe your privacy rights have been violated.
- You will not be retaliated against for filing a complaint.
- You may file your complaint with our agency by calling the Privacy Contact at 530-343-0727 or 530-226-0120 or 1-800-400-0727 or write to 1398 Ridgewood Drive, Chico, CA 95973.
- For further information related to privacy, you may call the Privacy Officer at 530-343-0727 or 530-226-0120 or 1-800-400-0727 or write to 1398 Ridgewood Drive, Chico, CA 95973.
- You may file a complaint with the Secretary of Health and Human Services by writing to:

  Secretary of Health and Human Services
  U.S. Department of Health and Human Services
  200 Independence Avenue, S.W.
  Washington, D.C. 20201 *(source: www.hhs.gov)*

- This notice is effective September 23, 2013.

Acknowledgment of Receipt of Notice

I have received a copy of Home Health Care Management Inc.'s Notice of Privacy Practices.

Signature: _____ Date: _____

If personal representative: Name:_____ Relationship: _____

Witness:_____ Date: _____

Reason signature not obtained: ☐ Patient too sick to sign at this time. ☐ Patient would not sign.

Assessment of why patient would not sign: _____

HHCM employee attempting unsuccessfully to obtain signature: _____
Name Date

Patient Name_____ **HC#:**_____