

# HIPAA PRIVACY NOTICE

*Your Information.*  
*Your Rights.*  
*Our Responsibilities.*

**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

Exceptional Home Care is required by law to maintain the privacy of Protected Health Information ("PHI") and to provide individuals with notice of our legal duties and privacy practices with respect to PHI. PHI is information that may identify you and that related to your past, present or future physical or mental health or condition and related healthcare services or payment for those services.

We are required to follow the terms of this Notice. We will not use or disclose PHI about you without your written authorization, except as described in this Notice. We reserve the right to change our practices and this Notice and to make the new Notice effective for all PHI we maintain. Upon request, we will provide any revised Notice to you. You can always request a copy of our most current privacy notice from our Privacy Officer.

### **Your Health Information Rights**

You have the following rights with respect to PHI about you:

***Obtain a paper copy of the Notice upon request.*** You may request a copy of the Notice at any time. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy. To obtain a paper copy, contact our Privacy Officer. You may obtain an electronic copy of this Notice at [www.paexceptionalcare.com](http://www.paexceptionalcare.com).

***Request a restriction on certain uses and disclosures of PHI.*** You have the right to request restrictions on our uses and disclosures of protected health information for treatment, payment and health care operations. However, we are not required to agree to your request. To request a restriction, you must make your request in writing to the Exceptional Home Care Privacy Officer.

***Inspect and obtain a copy of PHI.*** You have the right to access and copy PHI about you contained in a designated record set for as long as we maintain the PHI. The designated record set usually will include medical and billing records. We may impose charges for the cost involved in providing copies, such as labor, supplies, and postage, as permitted by law. To inspect or copy PHI about you, you must send a written request to Exceptional Home Care Privacy Officer, 7425 Washington Avenue, Suite 204, Pittsburgh, PA 15218. We may charge you a fee for the costs of copying, mailing and supplies that are necessary to fulfill your request except for:

- a) psychotherapy notes, which are notes recorded by a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint or family counseling session and that have been separated from the rest of your medical record;
- b) information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding;

- c) protected health information involving laboratory tests when your access is required by law;
- d) if you are a prison inmate and obtaining such information would jeopardize your health, safety, security, custody, or rehabilitation or that of other inmates, or the safety of any officer, employee, or other person at the correctional institution or person responsible for transporting you;
- e) if we obtained or created protected health information as part of a research study for as long as the research is in progress, provided that you agreed to the temporary denial of access when consenting to participate in the research;
- f) your protected health information is contained in records kept by a federal agency or contractor when your access is required by law; and
- g) if the protected health information was obtained from someone other than us under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.

We may also deny a request for access to protected health information if:

1. A licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger your life or physical safety or that of another person;
2. The protected health information makes reference to another person (unless such other person is a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person; or
3. Health care professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to you or another person.

If we deny a request for access for any of the three reasons described above, you may request that the denial be reviewed.

***Request an amendment of PHI.*** If you feel that PHI we maintain about you in a designated record set is incomplete or incorrect, you may request that we amend it. In certain cases, we may deny your request for amendment:

- a) was not created by us, unless you provide a reasonable basis to believe that the originator of PHI is no longer available to act on the requested amendment;
- b) is not part of your medical or billing records;
- c) is not available for inspection as set forth above; or
- d) is accurate and complete.

In any event, any agreed upon amendment will be included as an addition to, and not a replacement of, already existing records. To request an amendment, you must send a written request to the Exceptional Home Care Privacy Officer and contain a reason that supports your request. In certain cases, we may deny your request for amendment.

***Receive an accounting of disclosures of PHI.*** You have the right to receive an accounting of the disclosures we have made of PHI about you for most purposes other than treatment, payment or healthcare operations; to persons involved in your care or for other notification purposes as provided by law; for national security or intelligence purposes as provided by law; to correctional institutions or law enforcement officials as provided by law; or that occurred prior to April 14, 2003.

***Request communications of PHI by alternative means or at alternative locations.*** For instance, you may request in writing to the Exceptional Home Care Privacy Officer that we contact you about medical matters only in writing or at a different residence or post office box. Your request must state how or where you would like to be contacted. We will accommodate all reasonable requests.

## **Examples of How We May Use and Disclose PHI**

The following are descriptions and examples of ways we use and disclose PHI:

***We will use PHI for treatment.*** We can use your health information and share it with other professionals who treating you. Example: A doctor treating you for an injury asks another doctor about your overall health condition.

***We will use PHI for payment.*** We can use and share your health information to bill and get payment from health plans or other entities. Example: We give information about you to your health insurance plan so it will pay for your services.

***We will use PHI for health care operations.*** We can use and share your health information to run our practice, improve your care and contact you when necessary which means the support functions of our practice related to *treatment* and *payment*, such as quality assurance activities, case management, receiving and responding to patient complaints, physician reviews, compliance programs, audits, business planning, development, management and administrative activities. For example, we may use your medical information to evaluate the performance of our staff when caring for you. We may also combine medical information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. In addition, we may remove information that identifies you from your health information so that others can use this de-identified information to study healthcare delivery without learning who you are.

We are likely to use or disclose PHI for the following purposes:

***Business associates:*** There are some services provided by us through contracts with business associates who may require access to your PHI. Examples include accountants, auditors and others who provide services involving your PHI such as records storage or destruction companies. When these services are contracted for, we may disclose PHI about you to our business associate so that they can perform the job we have asked them to do and bill you or your third-party payor for services rendered. To protect PHI about you, we require the business associate to enter into written agreements to appropriately safeguard the PHI.

***Communication with individuals involved in your care or payment for your care:*** Health professionals such as pharmacists, using their professional judgment, may disclose to a family member, other relative, close personal friend or any person you identify, PHI relevant to that person's involvement in your care or payment related to your care.

***Health-related communications:*** We may contact you to provide refill reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

***Food and Drug Administration (FDA):*** We may disclose to the FDA, or persons under the jurisdiction of the FDA, PHI relative to adverse events with respect to drugs, foods, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

***Worker's compensation:*** We may disclose PHI about you as authorized by and as necessary to comply with laws relating to worker's compensation or similar programs established by law.

***Public health:*** As required by law, we may disclose PHI about you to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Law enforcement:** We may disclose PHI about you for law enforcement purposes as required by law or in response to a valid subpoena or other legal process.

**As required by law:** We must disclose PHI about you when required to do so by law.

**Health oversight activities:** We may disclose PHI about you to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, and inspections, as necessary for our licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Judicial and administrative proceedings:** If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

We are permitted to use or disclose PHI about you for the following purposes:

**Research:** We may disclose PHI about you to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

**Coroners, medical examiners, and funeral directors:** We may release PHI about you to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose PHI to funeral directors consistent with applicable law to carry out their duties.

**Notification:** We may use or disclose PHI about you to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and your general condition.

**Correctional institution:** If you are or become an inmate of a correctional institution, we may disclose PHI to the institution or its agents when necessary for your health or the health and safety of others.

**To avert a serious threat to health or safety:** We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Military and veterans:** If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate military authority.

**National security and intelligence activities:** We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective services for the President and others:** We may disclose PHI about you to authorized federal official so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

**Victims of abuse, neglect, or domestic violence:** We may disclose PHI about you to a government authority, such as a social service or protective services agency, if we reasonably believe you are a victim of abuse, neglect, or domestic violence. We will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else or the law enforcement or public official that is to receive the report represents that it is necessary and will not be used against you.

### **Other Uses and Disclosures of PHI**

We will obtain your written authorization before using or disclosing PHI about you for purposes other than those provided for above or as otherwise permitted or required by law. We are required to obtain your authorization:

- To use and disclose your protected health information for most marketing purposes
- To sell your protected health information.

You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing PHI about you, except to the extent that we have already taken action in reliance on the authorization.

### **Complaints**

If you believe that your privacy rights have been violated, you should immediately contact our Privacy Officer. There will be no retaliation for filing a complaint. You also may file a complaint with the Secretary of Health and Human Services.

### **Contact Person**

If you have any questions or would like further information about this notice, please contact Raequel Price at (412) 351-1819.

This notice is effective as of January 19, 2015.