



VISITING NURSE ASSOCIATION

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NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION Effective Date: June 16, 2014

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.

Visiting Nurse Association is committed to treating and using your protected health information responsibly. We are required by law to provide you with this Notice that explains our privacy practices with regard to your protected health information and our commitment to your privacy in conducting our business. This Notice illustrates how we may use and disclose your protected health information as well as your rights regarding the privacy of your protected health information. This Notice applies to all protected health information about you generated in or by the Visiting Nurse Association.

Understanding your Health Record/Protected Health Information: Without your authorization, the Visiting Nurse Association may make uses and disclosures of your protected health information for purposes of treatment, payment, and health care operations in addition to other purposes as permitted or required by law. Protected health information is the information we create and obtain in providing our services to you and all other information that we create or maintain about you relating to your health or to health care services provided to you that individually identifies you.

Each time the staff makes a home visit or delivery, a record of the visit is made recording your protected health information. Typically, this record contains your symptoms, assessment, test results, diagnoses, treatment, and plan for future care or treatment. It also includes billing documents for those services. Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

Examples of uses of your health information for treatment purposes are: (1) A nurse obtains treatment information about you and records it in a health record. (2) During the course of your treatment, a provider determines he/she will need to consult with another specialist in the area. He/she will share the information with such specialist and obtain his/her input.

An example of use of your health information for payment purposes: We submit a request for payment to your health insurance company. The health insurance company requests information from us regarding medical care given. We will provide information to them about you and the care given.

An example of use of your health information for health care operations: We may use your health information to review and evaluate our treatment of you. We may, for example, disclose your health information to third party business associates who perform billing, consulting, or transcription services.

Other permitted disclosures and uses: We may also use or disclose your health information without your authorization:

- When the use/disclosure is required by federal, state, or local law or other judicial/administrative proceeding.
- When the use/disclosure is necessary for public health activities to prevent or control disease, injury, or disability.
- When the disclosure relates to victims of abuse, neglect, or domestic violence.
- When the use/disclosure is related to health oversight activities related to the monitoring, investigating, inspecting, or disciplining those who work here.
- When the use/disclosure relates to death including information provided to medical examiners, coroners, and funeral directors for identification, determination of the cause of death, or for funeral preparations.
- When the use/disclosure relates to organ procurement organizations and certain related entities for purposes of facilitating organ, eye or tissue donation or transplantation.
- When the use/disclosure relates to medical research and only after a special approval process.
- When the use/disclosure is to avert a serious threat to health or safety to you or the public.
- When the use/disclosure relates to military, national security, and other government functions.
- When the use/disclosure relates to compliance with worker's compensation programs.

- When the use/disclosure relates to correctional institutions and other law enforcement custodial situations.
- When a person identified by you needs information related to care, payment or notification of your condition.
- When information is shared for disaster relief services such as to the American Red Cross.
- When information is shared with our business associates to facilitate our operations and as otherwise permitted by law.
- When information is used to contact you regarding fundraising activities. You have the right to opt out of receiving fundraising communications.
- When information is used to provide appointment reminders.
- When information is used to provide you with treatments, services, products or providers in order to manage or coordinate your healthcare.

Other uses and disclosures besides those identified in this Notice will be made only as otherwise authorized by law or with your written authorization. You may revoke your authorization to disclose protected health information at any time in writing. If you revoke your authorization, we will no longer use or disclose the information in accordance with your authorization. However, we will not be able to take back any disclosures that we have made pursuant to your authorization.

Your Health Information Rights: Your health record is the physical property of Visiting Nurse Association; however, the information in it belongs to you. You have the following rights regarding your protected health information:

- Obtain a copy of this notice of information practices upon request.
- See and receive a copy your health record as provided for in 45 CFR 164.524.
- Amend your health record as provided in 45 CFR 164.528.
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.524.
- Request communications of your health information by alternative means.
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522.
- Revoke your authorization to use or disclose health information except to the extent that action was previously taken.
- File a complaint with us or the Secretary of Health and Human Services as described below.

Our Responsibilities: Visiting Nurse Association is required to:

- Maintain the privacy of your health information as required by law.
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means.
- Notify you and the Health and Human Services Office of Civil Rights of any type of breach of unsecured protected health information as defined by law.
- Prohibit the use or disclosure of your protected health information for marketing purposes without your authorization, unless the marketing is in the form of a face-to-face communication or a promotional gift of nominal value. "Marketing" does not include communications to you for fundraising, treatment, case management, or care coordination purposes or to describe a product or service that we provide.
- Prohibit the sale of your protected health information for financial or non-financial remuneration without your express written authorization.

We reserve the right to amend, change, or eliminate this notice as permitted by law. We also reserve the right to make the revised notice effective for protected health information already collected as well as any information we receive in the future. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our Notice or by visiting our office and picking up a copy. You may request a copy of our most current Notice at any time.

Visiting Nurse Association will not use or disclose your health information without your authorization, except as described in this notice. Nurse Association will discontinue using or disclosing your health information upon receipt of a written revocation of the authorization according to the procedures included in the authorization.

For More Information or to Report a Problem: If you have questions or would like additional information, you may contact the Visiting Nurse Association Privacy Officer at 816-531-1200 or visiting the Visiting Nurse Association. If you believe your privacy rights have been violated, you can file a complaint with the Visiting Nurse Association Privacy Officer or with the Office for Civil Rights, U.S. Department of Health and Human Services by calling 816-426-3686 or TDD 816-537-7697 or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. There will be no retaliation for filing a complaint.